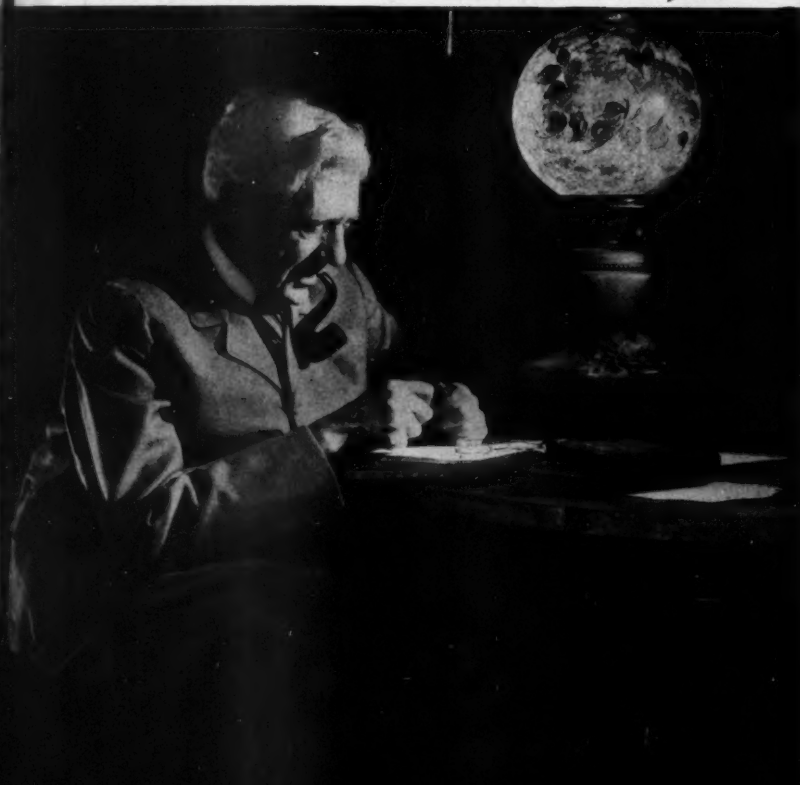


Medical

THE BUSINESS MAGAZINE OF THE MEDICAL PROFESSION

Economics

• FEBRUARY, 1934 • CIRCULATION: 129,000 •



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MEDICAL ECONOMICS

The Business Magazine of the Medical Profession

FEBRUARY, 1934 • VOL. 11, No. 5

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CHEMISTRY

among the insects

There is a small beetle called the Bombardier—and he is quite properly named. He is a fine soldier, and a chemist, too. He fights with poison gas. If you disturb him, you will see a tiny cloud of smoke float away from the spot where he had been. If his natural enemies disturb him, they are completely overcome by noxious gas while Bombardier makes his escape.

Some species of ants are equipped for chemical warfare. When attacked, they neatly hurl a jet of formic acid which may reach a hostile force as far as five inches away. We have all met the bee, the wasp, and the mosquito. Nobody needs to tell us that they carry their own poisons, and are perfectly willing to let us realize now and again that they are exquisitely precise in their methods of injecting those poisons when and where they wish.

All through the animal kingdom, a remarkable equipment for self preservation is evident. This is true not only in protection against outside attack, but also in recuperation within the body itself when it is damaged in any way. No matter how good a doctor may be, he must count on his patients' doing some of their own repair work.

In the early days of antiseptics, it was discovered that the caustic nature of some of the most effective germicides placed an insuperable burden of tissue-repair upon the patient's system. The modern laboratory's answer to this problem is a stabilized, mildly alkaline solution of sodium hypochlorite known as Zonite.

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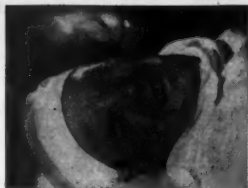


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ADDRESS _____

SPEAKING

Boobs

TO THE EDITOR: In view of the present economic trend and gradually increasing seepage of knowledge and recognition of some of the basic economic factors through the crania of the more intelligent of our professional species, I find your magazine distressingly and woefully behind times and totally inadequate in its purported field. Particularly so in your short-sighted editorials.

I dislike the use of the oft-repeated fallacious adage of the ostrich, but that's just what you are doing: burying your head under whatever you may find so as not to see the actualities. Perhaps you don't want to see.

At any rate, the magazine is merely a compendium of advertising matter, a medium for high-pressure salesmanship.

The firms supplying ad copy and money for same are merely leeches, so to speak, feeding through the gratuitous efforts of an army of practicing boobs, upon a vaster army of bigger boobs, by the forced dispensation of a multitude of unnecessary concoctions—for greater profit.

Do the doctors profit thereby? God forbid! Ethics would not permit them profit. They are merely to SERVE as middlemen, gratis, unwittingly, senselessly, stupidly, for the good of big business, just as they serve for the good of humanity in the free clinics—free for the doctors.

MEDICAL ECONOMICS has been no more useful in its professed sphere of economics to the medical profession than the Saturday Evening Post. And with its present motives, ideas, and policies, it never will.

S. W. Lipschutz, M.D.
Brooklyn, New York

["Boobery" being so prevalent, can **MEDICAL ECONOMICS** be accused of having a monopoly on it? —ED.]

Bravos

TO THE EDITOR: I have been reading your magazine for the past year and a half, and I take this opportunity to tell you that I think it fills a gap left by all medical schools, all medical publications, and most medical societies.

T. J. Conley, Jr., M.D.
Chicago, Illinois

Depression? **TO THE EDITOR:** It seems to me that the medical economics problem is only a part of the general economic problem. As long

as the cause of charity exists, charity will have to be.

I have solved my problem this way: I charge my patients only \$1, and include the medicine. I do not prescribe very much. I examine the patients as thoroughly as though they paid me \$10 a visit.

I make no exceptions. The patient has to wait his turn, rich or poor (a very sick patient, of course, is taken first). And I do not permit anyone to pay me more than \$1.

How do I fare? Very well. Mine is an office practice. I work four days a week, which gives me three days for study, music, and sports. My medicine bill is about \$1,800 a year. I have no secretary, no nurse. My highest income, \$12,700 a year, went down to \$10,435 in the worst year of the depression.

C. C., M.D.

Evidence

TO THE EDITOR: I appreciate **MEDICAL ECONOMICS** and enjoy its articles thoroughly. In the November issue you say you may print a complete schedule of average, minimum fees, provided there are enough requests. I should very much like to have such a list if possible, as people nowadays seem to think that every charge is an overcharge. If I had an average scale to show them, the argument would be settled.

Wesley Van Zanten, M.D.
Sheboygan, Wisconsin

Comeback

TO THE EDITOR: I am a graduate nurse and have been for seventeen years. The last eight I have been employed in a doctor's office. We receive your journal and enjoy it exceedingly.

However, I would like to answer Dr. William F. A. Schultz in the November issue. I have never known a graduate nurse to charge full price in a doctor's family, but we do feel that we should get something for our services as we give all our time while on the case where the doctor gives only a very small portion of his when we are sick.

Our doctors locally have always been glad to do this.

Gertrude Sweeney, R.N.
Okmulgee, Oklahoma

Slough

TO THE EDITOR: I am located in a small village in the Ozarks because the 10,000 bank failures caught me. The savings of a lifetime were wiped out, and at 65 I am starting again.

I have watched the trend of events

FRANKLY

during the last fifteen years with a great deal of interest, and have given time to analytical study as to why we are in the Slough of Despond, and, too, as to how we shall get out.

State medicine is on the slate. It is coming—and for the following reasons: we are acknowledging that wealth is predatory, and that some system will have to be reached whereby a more equal distribution can be brought about. And twelve million in bread lines forces socialistic problems upon us willy-nilly.

In the end all business will have passed into the hands of the government. There will be no unemployed. All will be provided with a living, the standard of which will be about three times what it is now; and money will have disappeared.

The result will be that the gentlemen who at present gloat over their money bags will be left "holding the bag." And as our English cousins would say, "Serves them jolly well right!"

H. B. Wentz, M.D.
Elkins, Arkansas

Revisions

TO THE EDITOR: I would like to reopen the subject of the high cost of medical books. When during this period of economic stress and strain I notice books advertised to sell as high as nine and ten dollars, I ask myself: why?

I have how before me a book not three years old that cost nine dollars. And already a new, revised edition of the same book at the same price is being advertised. The old edition must thus be relegated to the scrap heap.

Medical books should have one function only and that is to impart new knowledge to the profession. Most of us buy these books for that reason. Very few buy them to keep as works of art. But their high price and frequent revision makes these books prohibitive to the majority.

There seems to be a solution, however. Let publishers pay more attention to the contents and less to the appearance of these volumes. There are many fiction and non-fiction books being sold on cheaper paper for as low as one and two dollars. These books are of good appearance and easy to read.

Let medical publishers emulate these other publishers and give us less artistic works. We will read them just as assiduously, they will cost us much less, and we will be able at least to afford to buy new and revised editions without the heartache of seeing elaborate volumes for which so much money has been spent condemned to uselessness.

Of course I realize that a certain

amount of sentiment is attached to books that have become old, but will the sentiment be less because the paper is inferior and the type not so resplendent? I am sure that no publisher would give a dime for the most artistically published medical book that had outlived its usefulness (only in relation to revised editions.)

New Jersey M.D.

Fiction

TO THE EDITOR: I have a suggestion to make to you, perhaps worthy of some consideration. It was brought out by the first story in your December issue.

Why not run a similar human-interest narrative in every issue? Your magazine is a bright, well-made creation; yet I do think it lacks literary tone.

I mean by this that it might very readily take on something not so painfully stiff as an eternal discussion of economic topics. I realize its *raison d'être* and why it is being printed, yet I think it would work out to your own benefit if it could be given more sparkle.

While I am at the typewriter—I want to express my liking for the excellent editorial by Dr. Baketel on reciprocity between physicians in the matter of personal and familial attentions. Neat ending, that, which left but one answer.

I'm old-fashioned enough to treat my colleagues and their immediate families without charge. I also don't charge my dentist, although he charges me the costs, which is right enough. I charge nurses half fees.

Fassett Edwards, M.D.
Waynesboro, Pennsylvania

Cash

TO THE EDITOR: Ten years ago I threw away my books and adopted the cash system. Since then I have accumulated some money and property.

The depression, I suppose, has hit practically all doctors alike. My gross income has fallen from \$16,000 to a fraction under \$8,000.

I wonder if it would not be better for the entire medical profession to adopt the cash system, with moderate fees, instead of higher fees on credit. I do some charity work, but use my judgment in doing so.

I have no patience with a deadbeat, and try to eliminate him. I no longer devote special hours to charity work. Still, I would not let anyone suffer for the want of medical attention.

I wish again to thank you for all you have done and said in the interests of the medical profession.

W. B. Watts Sr., M.D.
Atlanta, Georgia



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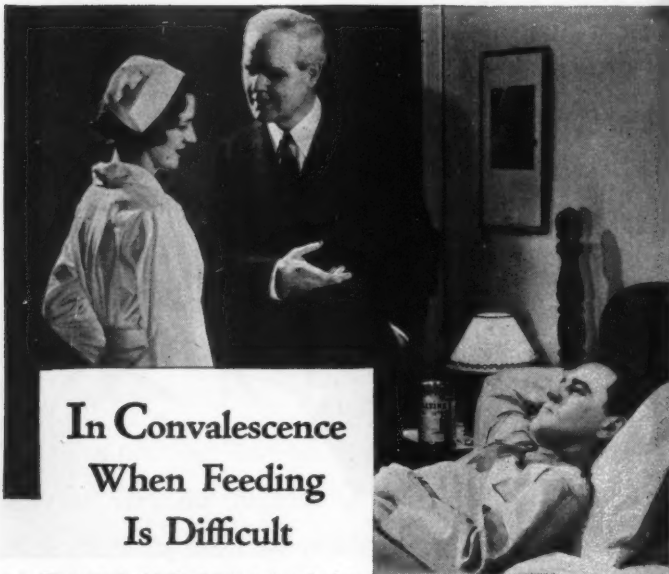
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MEDICAL ECONOMICS

The Business Magazine of the Medical Profession



The Charity Survey

5,000 REPLIES SO
FAR, AND THEY'RE
STILL COMING IN!

HOW overpowering propaganda can be in its influence on public opinion was emphasized in January MEDICAL ECONOMICS by Dr. Howard Haggard of Yale.

It is this same propaganda which MEDICAL ECONOMICS proposes to employ in helping the medical profession combat charity abuse.

The question "How much charity work do you do?"—asked in December MEDICAL ECONOMICS, has stimulated more than 5,000 replies from readers. And the answers are still coming in.

Next month, after the returns have been tabulated and averaged, MEDICAL ECONOMICS will publish for the first time an accurate estimate showing the dollar value of all charity services rendered each year by the entire American medical profession.

That the figure will be a staggering one can scarcely be doubted. And, widely publicized as it

will be through news releases to the leading newspapers and magazines of the country, it should grip the attention of every thinking layman who sees it.

It is not believed for a moment, of course, that telling the public how much charity service physicians donate will put an end to its abuse. On the other hand, by informing the people in general of this abuse, by making them realize the physician's side of the story, and by winning over at least some lay support to the side of the profession in its battle for a fair deal, a step will have been taken in the right direction.

And so, to make this effort as much of a success as possible, MEDICAL ECONOMICS requests the cooperation of its entire reader group. Those who have not already done so are asked to fill out the prepaid postcard in the December issue and mail it TODAY.

How Much Should You

COMPARISONS are odious unless the purpose is constructive.

It is proverbial that the doctor who wishes affluence should marry a maiden endowed with looks and personality, of course, but also with a bond-filled safe-deposit box as a dowry—the inference being that the followers of Aesculapius are working for something besides money.

The professional educator might well be placed in the same classification, and he can be used successfully to point out certain suggestions to physicians.

It has been my privilege to know men in the educational field who have passed from success to success, from small to large to very considerable responsibility and fame, with corresponding raises in income. And they have deserved every bit of the good fortune that came their way. They built for it wisely and well.

Almost without exception, these men returned at regular intervals for postgraduate work at an outstanding graduate school of education. They had to. They knew it. The man or woman who advances in education today (and tomorrow it will be more so) must never cease his trekking back and forth from the fountainheads of centralized professional knowledge.

And so the busy schoolman, the year's sessions over, cleans up his office work, rests a few days, and returns to the classroom, a student once more.

The physician once went into practice after a comparatively small number of medical school courses plus service in the office of an experienced practitioner. Today more preparation is re-



quired for admission to medical school.

Soon we may hope for a discard of the (to me) silly practice of trying to crowd a B.A. or B.S. and an M.D. into six years, compromising with the eight years that should be given, if only to train the modern doctor more adequately in the social sciences.

Internships are growing to be more and more of a necessity, no longer a luxury. The National Board diploma will presently become a mark, not of distinction, but one the absence of which on

Reinvest in Yourself?

By HUGH GRANT ROWELL, M.D.

the part of a newer physician will have to be explained. And we find an increasing tendency to make the physician qualify still further if he is to claim himself a specialist.

So far we parallel the educator. But then, alas, can we refute the mean little phrase, "A doctor knows more the day he leaves medical school than at any time thereafter"? Meant to satirize the "sureness" of the recent graduate, the words are an accusation which physicians must refute.

Having hung out his shingle, how much more shall a doctor re-

invest in himself? And how shall he make this investment, if any?

I make no claim to knowing the exact answer. This article is built to provoke discussion.

All I can do is to present certain possibilities, some of which are from my own experience, some from the experiences of other men, many of whom have been notable professional successes. They are based on the theory that a young physician can build a practice better by extending his professional knowledge and experience than by proclaiming himself the best young fellow around his medical club.

Somehow I have the feeling that the age of handshakers or "Mittglaumers," as they were called in the A.E.F., has passed, along with the bravely-raimented customers' glad-hander of the late and profligate nineteen twenties. And, in my opinion, it's a good thing that this is so.

The first question that arises, then, is: How much of your *time* can you reinvest in yourself?

In my medical school days, before we began to talk of pay for visiting hospital staffs, it was considered that your hospital service compensated you amply, first in reflected prestige, secondly in professional improvement through seeing cases in greater numbers and variety than you might in your own practice.

Research opportunities, too, were appreciated. In fact, in certain hospitals, you either contributed something to medicine through your researches and the subsequent publication of your

[Continued on page 83]



HOSPITALIZATION

"EVERY person coming in contact with a 'free' patient, except the doctor, receives some compensation.

"Only \$22 of the \$150 spent annually by the average family for medical care goes to the doctor.

"Hospitals are in competition with physicians and can quote low prices because they pay no salaries to internes and get endowments.

"Various group plans have taken away from the physician 70.7 per cent of the commodity medicine business.

"It is up to you physicians to say how long it is going to take them to deprive you of the remaining 29.3 per cent of your business."

The foregoing represents a few of the high spots in the address of Dr. Seth A. Brumm, of the Philadelphia County Medical Society, when he appeared in October before the Medical Society of the District of Columbia to scold its members for not fighting the proposed new group hospitalization plan in Washington, D. C.

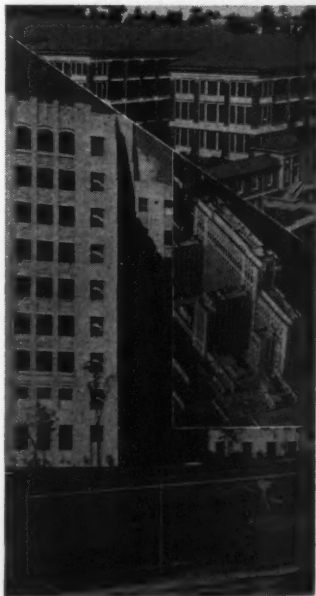
Characterizing hospital superintendents as "second-class stewards," and warning his hearers that the proposed group hospitalization plan was designed to sap the financial vitality of the medical profession, Dr. Brumm attacked the hospital project in vitriolic fashion.

When he concluded with, "I am sure no one here will lend himself to this plan that some feel is a good thing," applause was loud and prolonged. Following this, as though inspired to mobilize a stronger force against a threatening invasion, Dr. Prentiss Willson, president of the society, increased the membership of his

medical economics committee from 15 to 40, and called a special meeting.

All of which, it now appears, was more in the nature of a tribute to Dr. Brumm's oratory than a fervent "Amen!" to his spirited remarks. For the very next day Dr. Willson announced to the press that if the group hospitalization plan contained proper safeguards for the medical profession, it would not be opposed by the District of Columbia Medical Society.

Thus on January 17 the society gave its unqualified indorsement to the project worked out by a special committee of prominent Washingtonians headed by Jo-



— INCORPORATED

seph H. Himes, former Canton, Ohio, manufacturer and Congressman. The new set-up is known as Group Hospitalization, Inc.

Approval of the plan was given, explains Dr. Arthur C. Christis, information chairman of the society, only after it had been thoroughly investigated by practically every committee of the society.

With the complete approval of the organized medical profession of the city, with eleven hospitals and the major employers of labor cooperating, Washington's new hospital plan, its sponsors confidently believe, is well on the road to success.

Thus it appears that the pro-

ponents of the periodic payment plan for securing hospital care have won an important skirmish in a nation-wide battle of opinions. Few questions in recent months have been more vigorously debated than that of the desirability and the legality of the various group hospitalization plans which have been proposed in all sections of the country.

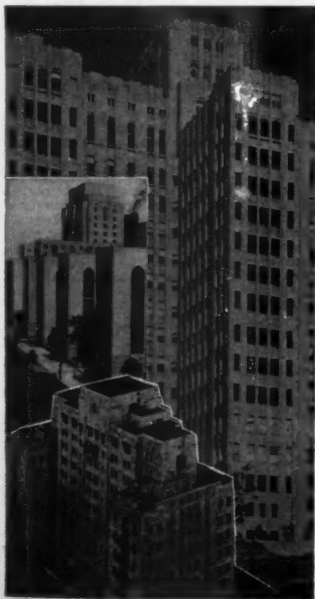
Basically, the objection raised to group hospitalization is that it is, in essence, a form of health insurance. Certain states have definitely ruled that hospitals have a right to contract to perform their services on any terms they choose to accept. Therefore, such plans do not come under the control of the director of the state insurance department. On the other hand, certain other states have just definitely ruled that such projects are health insurance plans.

The ultra-conservative element in medicine views these various plans as "hastily conceived patterns" which may "lead to undesirable and unethical practices." It can see no possibility of eventual good, either to the public or to the profession. It labels all the proposed group hospitalization plans as health insurance schemes, not deserving the profession's support.

This point of view is shown clearly in the following excerpts from the last issue of the *Illinois Medical Journal*:

"If a hospital or a doctor or a group of doctors begin to traffic in financial protection against the day of illness, then what that group has to offer is nothing more or less than insurance against material need in that hour, and, as such, savors of the commercial and smacks of the socialistic."

On the other hand, the backers of group hospitalization insist



that it is nothing more nor less than a method by which self-supporting families of moderate means can meet health emergencies without being dependent on charity.

Primarily, they say, it is a plan by which these families may budget their hospital bills, large numbers of them paying equal and regular payments into a common fund to be used for the purchase of hospital services to those subscribers who fall in need of them.

How is the controversy going to terminate? The success of the hospitalization project thus far is of undoubted significance in showing that the general trend continues to move along the path pointed out by its proponents.

Except for government hospitals, children's hospitals, and charitable hospitals, which are not eligible for participation in the project, the hospitals of Washington are enthusiastically cooperating, eleven of them being actually enrolled as participants in the organization.

The plan is strictly for wage-earners. Employees, over five in number and not over the age of 65, of approved commercial and business establishments, will be accepted for membership upon payment of \$9 per year, payable monthly in advance. All negotiations and business transactions are between Group Hospitalization, Inc., and the employers. The latter will deduct from the pay of their employees belonging to the plan the required monthly dues and remit them directly to the organization.

Benefits offered to the subscribers to the Washington hospitalization plan, together with the conditions under which they are available, have been set forth as follows:

(1) Hospital care shall be available 15 days after the approval of the contract, except that in case of accident such care shall be provided immediately after the approval of the contract.

(2) The subscriber may select any hospital having a contract with the

Hospital Service Association in force at the time hospital service is required; however, such service is subject to the rules and regulations of the hospital selected by the subscriber, and includes only the care of illness and injuries now accepted for treatment by such hospital.

(3) Services shall be rendered under this contract only upon the authorization and request of the subscriber's physicians, who must be a member of the medical staff or council of, the or acceptable to, the selected hospital. Hospital care shall continue only during the time that the subscriber is under treatment and care of such physician in accordance with his staff privileges at such hospital, and will end at the time that the subscriber is discharged as a hospital patient by his physician. After the date of such discharge the subscriber will be responsible to the hospital for payment of its regular charges.

(4) If the hospital selected by the subscriber is not in the position to furnish the required service, the subscriber, on the recommendation of his physician, shall be free to utilize the services of any other hospital equipped to give such service and participating in the Hospital Service plan.

(5) Hospital care will be furnished up to and including 21 days for each contract year, during the time that this subscription is in force; such care may be given on one or more admissions, provided the aggregate days in any contract year shall not exceed 21. Additional hospital care in excess of the stipulated 21 days, if needed, will be furnished to the subscriber at a discount of 10 per cent from the regular hospital charge for similar accommodations as provided for in the contract.

(6) When admitted to a hospital, a subscriber shall be entitled to occupy a bed in private or semi-private accommodations. If the subscriber desires to use more expensive accommodations, he may do so by paying, in accordance with the terms of the hospital, the difference between the accommodations occupied and the regular rate for the room and service desired.

(7) Hospital care shall be construed to mean:

(a) Bed and board, general nursing care, use of the operating room, surgical dressings, ordinary medications, routine laboratory examinations and other customary routine care.

(b) Obstetrical cases after the first 10 months of the existence of this contract.

(8) Services not included:

(a) The Hospital Service Association assumes no obligation other than those above mentioned.

(b) The benefits offered by this contract shall not include the services of the subscriber's attending physician or surgeon, anesthetist, special nurses, or their board.

(c) Hospital care for pulmonary tu-

[Continued on page 121]

Hardly Sanitation

By J. LOUIS NEFF

JUST off the edge of the map, in the vicinity of the big metropolitan medical centres and close to the influence of modern public health activity lies the village of Hardly.

Some time ago the Leading Citizens of the community, anxious to do something big and fine, decided to demonstrate how happy and healthy everyone would be if they only had the advantages of the most modern scientific sanitation.

Accordingly, they organized a sanitation department, and raised the money to construct a modern and ultra-scientific sewer, with branches under every street in the village.

They were chagrined to discover, however, that the people of the community, satisfied with their old cesspools, were slow to abandon them in favor of the new service.

This was an unforeseen difficulty. The new department was not going to be able to justify itself unless it could report that it disposed of many, many gallons of sewage a day.

So the Leading Citizens sought expert assistance. They hired a crew of workers under the supervision of a plumber who had made a lot of money through fortunate investments and was about ready to retire. As his assistants they got two young plumbers who had just completed their apprenticeships.

Then they put a notice in the paper: "All residents of Hardly are invited to have their houses connected to the new sewer. This work will be done without charge by the Hardly Sanitation Department



ment for all who consent. For information apply at City Hall."

They also sent out a crew of workers with printed slips for the people to sign: "I hereby consent to have my house connected to the sewer by workers of the Hardly Sanitation Department."

Now Hardly was a pretty up-to-date sort of place, and there were several really good plumbers who had been in practice in the village for many years, enjoying the confidence and respect of their neighbors. For some reason or other, these plumbers resented this progressive move of the Sanitation Department.

They imagined that it was interfering with their "rights" and "privileges." Not only that, but they complained that the work was being done by men who were not trained; that the commissioner of sanitation was spending most of his time addressing clubs and organizations on the value of the movement, leaving the actual work to his deputies and their assistants.

The spokesman for the plumbers also advanced the idea that householders should be encouraged to patronize their own plumbers, and that they should be expected to pay for their work if they were not too poor to do so.

The department replied that those who insisted upon going to their own plumbers would, of course, be permitted to do so, but

that this was an educational movement, a demonstration of how to prevent trouble, and therefore should be open to anyone, regardless of his financial condition. They did concede, however, that if the private plumbers wanted to participate in the movement, they might give their services gratis, as an indication of their willingness to help.

This demonstration service, it was carefully explained, would be given only as a prevention against trouble, not as a cure for it. If the people would not accept the protection offered them and subsequently had trouble with their cesspools filling up or their pipes getting clogged, they would have to call their own regular men, because the sanitation department was not going to interfere in any way with the private practice of plumbing.

The fight with the local plumbers was the only blot on the record of this most remarkable exhibition. It was pretty generally agreed that for a group of men to let their petty personal jealousies and ambitions stand in the way of the public welfare, only confirmed the basic idea that such advanced ideas could not be grasped by old-time plumbers, but must be handled by groups who were not handicapped by out-worn traditions and customs.

The demonstration was a wonderful success. The sewage disposal plant was very busy, the workers of the commission became known in every house in the community, and the people grew to like it so much that they demanded more of the same enlightened service.

At the conclusion of the sewer demonstration the same group was retained to supervise the installation of a new water supply system. This also was most modern. It would supply water at greatly increased pressure. Of course, this increased pressure would cause trouble with old

plumbing: washers would give out, faucets would leak, and old pipes might even burst.

But this was simply the result of modern conditions and modern methods, and the people must be protected. So the workers of the Department were sent out again to repair old fixtures, to replace weakened pipes, and in general to get the plumbing of the village in good shape to prevent trouble.

Again it was explained that no repair work would be done by these workers, that this was merely a demonstration of how to prevent trouble. If the people would not take advantage of their opportunities and permitted pipes to burst or fixtures to leak, they would have to see their own plumbers. The department decidedly was not going to interfere with the legitimate practice of private plumbers.

But by now the people had had several years of the demonstration. They were beginning to lose sight of the fact that this was supposed to be only an exhibition of the value of preventing trouble and were beginning to confuse it with a demonstration of the value of free plumbers.

They were beginning to wonder about the difference between putting in new pipes to prevent trouble and putting in new pipes after the old ones had burst.

The local paper was full of complaints that the private plumbers were charging outrageous fees, that, while they volunteered their services to the department demonstration, they had the nerve to charge real money for the very same service when they were sent for direct.

A few leaders of public thought began to demand that the department broaden its scope and permit its plumbers to cure trouble as well as prevent it, since, after all, the methods were nearly alike.

Naturally, all this agitation did not bother the commissioner of

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Crossroads In Medicine

By WALTER T. DANNREUTHER, M.D.

The practice of medicine amid today's changing social order receives a keen, thoroughgoing appraisal in this article by Dr. Dannreuther. His comments here closely approximate those expressed by him in his address before the New York Academy of Medicine on January 22.

I OFTEN wonder what the observing neophyte on the threshold of his career thinks as he contemplates his future.

In my student days, thirty years ago, the topics which engaged our attention at the present time would have been of little interest. Exploitation of the profession by dispensaries, pay clinics, insurance schemes, corporations, and misdirected philanthropy, now rampant, was unknown.

With no intent to cast a horoscope, I venture to suggest that if the present trend of interference with the activities of individual physicians continues many more years without interruption, the majority of the doctors of the future will become enslaved to a social and industrial system. Quantity rather than quality of service will become the index of efficiency.

Consider compulsory health insurance, for instance. In all the countries abroad in which this has been tried, the level of medical service has been definitely lowered and the physician converted into an obligatory public servant, with no incentive to develop his professional skill or to increase his practice.

The panel system in Great Britain, the Krankenkassen in Germany, and similar projects elsewhere all tend to cancel the individuality of the physician.

The most demoralizing elements in any sickness insurance plan under the jurisdiction of the state are the automatic limitation of the doctor's remuneration and the premium it places on questionable practices. It tends to reduce medical attention to nominal service and mediocrity.

The average citizen could afford to pay more for better service.
[Continued on page 135]



\$ 500,000 in

CHICAGO DENTISTS WAX

WHENEVER the dental profession undertakes an especially ambitious project in practical dental economics, that's news for the medical profession.

Varying conditions of practice in the two professions preclude any close parallelism of methods, perhaps. Nevertheless, physicians should find no little inspiration in learning of the exceptionally promising plan for an industrial diagnostic service conceived by the Chicago Dental Society.

Actually tried out on a small scale with most satisfying results, the Chicago dentists' plan has proved to be practical. Considering the potentialities for success revealed by this test application of the plan, its sponsors are enthusiastic. And no wonder.

It would be difficult to imagine a project which more effectively unites an important public service with the advancement of the economic interests of a profession. Under this plan, the Chicago Dental Society sends a dentist to examine the employees of industrial firms, and the employer agrees to cooperate in seeing that the dental defects so discovered are remedied.

The improvement in health effected by this discovery and correction of bad oral conditions naturally results in the saving of considerable time otherwise lost. From the standpoint of both employer and employee, this amply justifies the special effort expended to cooperate in the plan. The economic advantage to the dental profession is fairly obvious.

In detail, the project is carried out as follows:

Employers are offered a complete diagnostic service, consist-

New Practice Expected

ENTHUSIASTIC OVER NEW DIAGNOSTIC SERVICE

ing of a full X-ray examination of fourteen films, a vitality test, and a clinical examination by a dentist of all their employees. No charge is made to employer or employee. However, the service is rendered on the condition that within six months of the date of the examination, all dental defects revealed by it shall have been remedied.

At the request of an employer, a speaker designated by the Society visits the store, the factory, or whatever it may be, and gives a fifteen to twenty-minute health talk. In his address he stresses the essential relationship between good teeth and good health, doing so, as far as possible, from an economic point of view.

At the conclusion of his talk he distributes several pieces of dental literature among the employees, requesting that they read them and then take them home for their families to read.

A machine having been sent on ahead to the premises, each employee is then given a full-mouth X-ray examination. The films, taken to the Society headquarters for developing, are mounted and returned to the plant within a week, for the use of the dentist designated to make the clinical examination and diagnosis. His examination findings are recorded in triplicate on special charts.

While the dentist is examining the employee, he asks him who his dentist is, and obtains permission to mail him the roentgenogram and a copy of his examination findings. At the same time, he secures permission for that dentist to call or write the employee to arrange for a definite appoint-

ment to begin the indicated treatment. The material is mailed at once, along with an explanatory letter, to the dentist named.

The real test of the plan comes in six months or so when the re-check examinations are made. With a copy of the original findings before him, the examiner can then readily determine to what extent the employee has cooperated in the program. He can record his estimate, in terms of dollars and cents, of how much dentistry he has had done since the original examination.

Thus, by simple addition, it will be possible to arrive at a fairly accurate estimate of the dentistry stimulated in any particular establishment. Similarly, a check-up of all the cooperating companies will give a fair idea of the practical economic results of the entire project over a stated period.

Fortunately, the Chicago Dental Society's plan is not still in the theory stage. It has actually been tried out in a small printing establishment having a personnel of forty. There the project was tested, step by step, from beginning to end. Everybody participated, from the president down to the office boy.

Using average low fees as the basis of computation, Society officials in charge of the plan have estimated that the dental work done in this group between the time of the original examination and the follow-up examination totaled \$3,127 or an average of \$78 of dental work per employee.

An especially important factor in the plan contemplates agree-

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We Insist Upon

...AND A 60 PER CENT REDUCTION

EVERY state has a law making it a crime to obtain money under false pretense. In what way is securing medical charity under false pretense of being penniless any different?

Those who, under the guise of poverty, obtain free medical services are guilty of fraud. Furthermore, anyone knowingly allowing free treatment to be administered to the undeserving should be held equally guilty, as an accessory before the fact. In plainer, non-legal phraseology, he should be considered as having aided in the perpetration of a fraud.

Prosecuting those who obtain medical charity through false pretense might be an excellent thing. But there is a more direct and efficient way to meet the situation: Make it increasingly harder for the undeserving to obtain free service. Put the bars up higher and higher.

With some forethought and a definite plan on the part of the medical profession, the glaring evils and abuses in medical charity can be corrected. Unscrupulous grafters can be curbed.

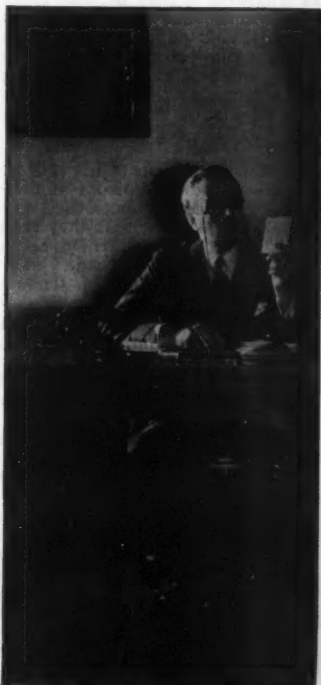
The St. Louis County Medical Society may lay claim to being a pioneer in bringing forward such a definite plan. As part of its vigorous campaign against the prevailing wholesale abuse of medical charity it was determined to compel every applicant for free service to make an affidavit as to his financial condition.

The Society's suggestion was immediately approved by the county hospital superintendent and the county health commissioner, and 15,000 blanks were put

By J. D. HAYWARD, M.D.

into the hands of St. Louis County physicians.

The result is that no applicant for free treatment or free hospitalization is considered until he has first filled out a blank answering a list of questions designed to reveal his true financial status. He must attest to the truth of his statements by his



Affidavits!

IN CHARITY ABUSE IS THE RESULT

signature and oath before a notary. On the basis of the information thus obtained, a physician endorses the applicant for free medical service, or declines to endorse him.

Thus the undeserving are put on the spot, so to speak. Nobody gets charity unless he is really entitled to it. Since the introduction of the affidavit application form at the St. Louis County Hospital, at Clayton, Missouri, charity abuse, it is estimated, has

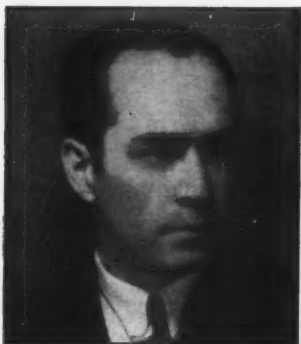
been reduced to the extent of fully 60 per cent.

The plan, it seems to us, deserves widespread adoption. If carried out rigorously, it prevents otherwise self-respecting citizens from becoming charity grafters.

And from that result spring two further desirable ends: Tax-payers are relieved of an unnecessary burden. And the economic status of the physician is appreciably improved.



ST. LOUIS COUNTY HOSPITAL CLAYTON, MO.	
APPLICATION AND AFFIDAVIT FOR FREE MEDICAL OR SURGICAL AID (Read carefully before signing)	
Name _____	Age _____ Sex _____ Color _____
Street _____ P. O. Address _____	
I, _____, hereby make application for free medical or surgical aid from _____ and to support thereof, being first duly sworn upon my oath, make the following answers to the following questions.	
1. Do you now own any real property? _____ If so, where is it located? _____	
2. Do you now rent the property in which you now live? _____ If so, to whom do you pay rent? _____	
3. Are you, or any member of your family, now employed? _____ If so, by whom? _____ What wage or salary? _____	
4. Have you any income from rent, stocks, or bonds? _____ If so, amount of income? _____	
5. Have you a bank account? _____ If so, what bank? _____	
6. State in full your present financial condition, and give full statement of your present income, if any? _____ _____ _____	
7. Number of persons depending on you for support? _____	
8. Relationship of dependents? _____ _____ _____	
Subscribed and sworn to before me this _____ day of _____, 1924.	
(SEAL)	(Signature) _____ (Notary Public within and for St. Louis County, Missouri.)
My commission expires _____ or _____	
NOTE: Under Section 2062 Revised Statutes of Missouri 1909 it is a misdemeanor punishable by imprisonment in the county jail for a period of not less than six months or by a fine of not less than FIVE HUNDRED DOLLARS for making a false affidavit.	
I, _____, applying for treatment to a resident of St. Louis County.	
(Address) _____ M. D.	
I recommend Mr. _____ for treatment.	
(Address) _____ M. D.	



Mexico's

By DR. R. G. HURTADO

Secretary of Foreign
Relations of the Medical
Syndicate of Mexico City

A good idea of just what the Mexican medical syndicates are undertaking to do for the profession may be obtained by examining a section of the by-laws of the Medical Syndicate of Mexico City:

ARTICLE 3.

The aims of the Medical Syndicate of the Federal District are as follows:

- I. To defend the professional interests of its members whether collectively or individually.
- II. To increase the moral position of the physician in society in general and in the state in particular.
- III. To be vigilant of professional ethics.
- IV. To fight medical quackery in all its forms.
- V. To militate for the enactment of laws regulating Article IV of the Mexican Constitution (referring to the freedom of professional practice).
- VI. To cooperate with the authorities in putting into effect the idea of sanitation.
- VII. To undertake medical education of the public.
- VIII. To fight for the current use of medical services in social work.
- IX. To fight for the enactment of proper laws for industry (hours of work, minimum salary, employment contract, number of physicians, nationality of physicians, etc.).
- X. To keep an eye on the hygiene of the professional work of the physician in hospitals, amphitheatres, sanatoria, laboratories, X-ray departments, as well as in times of epidemics.
- XI. To make medicine heard and represented in the legislative bodies.
- XII. To see to it that the public and private positions which naturally belong to the medical profession shall be filled by members of the Medical Syndicate.
- XIII. To watch the fulfilling of the medical moral code established by the Syndicate.
- XIV. To establish collective life insurance, and sickness and accident insurance.
- XV. To respect the individuality of its members in connection with religion and politics, and prohibit in its midst all discussion on these topics.
- XVI. To use persuasion or compulsion with the physicians, institutions, societies, etc., in defending the aims of the Syndicate.

Medical Syndicates

THE status of the physician in Mexico is unique, to say the least.

In classifying the various professional groups in connection with the new Mexican labor law, the state forgot to take him into consideration. Being neither employer nor employee, the physician has no personality whatever, so far as this law is concerned.

An effort was made to have him considered an "intellectual workman." But the legislators decided that the medical fraternity constitutes a privileged caste lacking the difficulties which the labor law sought to remedy.

This doubtful privilege is based on the cultural level and spiritual and moral position which enables the medical profession to keep aloof from any class conflict. It is assumed that its dignified conduct has not created, and shall not create, any difficulty for the state.

These are the reasons for the official oblivion to which the Mexican physician has been consigned. As a member of a disciplined group of unquestionable honesty, a zealous observer of his traditional mission, humanitarian to the point of sacrifice, the Mexican physician is one of the last defenders of professional romanticism in America.

But this very Quixotism causes his own economic disaster. More often than not he lives and dies a poor man.

We can easily surmise the causes which contribute to his unhappy state. First and foremost is the absence in Mexico of any legislation to regulate the practice of the profession. The generous elasticity of the Mexican Constitution which gives the right of professional practice to anyone

"who believes himself able to engage in an honest profession" contributes to the existence of quackery in all forms.

To the unfair and unscrupulous competition of these charlatans we must add that of the state, a none-the-less serious though respectable rival. Under the guise of benevolence and charity the state has multiplied free medical services. They are rendered not only to indigents but to persons of the middle class who are in a position to pay.

The excessive number of patients who avail themselves of these free services, requiring the employment of a large medical staff at extremely low salaries, causes a noticeable decrease in the income of the independent physicians.

Their incomes from private practice are very small. Most of them, therefore, of necessity, have secured employment in hospitals and other institutions. Yet, though employees, they are not legally eligible to the various employee benefits under the labor laws.

Security of employment; the receipt of three months' salary upon dismissal; profit-sharing proportionate to the length of time in the service of the em-

[Continued on page 76]

Breaking away from the ultra-conservatism of the A.M.M. (Asociacion Medica Mexicana), five-eighths of all the physicians in Mexico have united themselves into medical "syndicates."

In this article MEDICAL ECONOMICS introduces one of the leaders in the new movement, who gives an eye-opening commentary on its activities.

Try the Country,

SPEAKING by and large, there is not a plethora of physicians in the United States. The overcrowding that does exist, and to which so much publicity has been given of late, is confined almost exclusively to large urban centers. Physicians, particularly among the younger men, seem to prefer a frugal living within the purview of the bright lights to prosperity in the country.

Several years ago I endeavored to obtain the services of a young medical man for one of the most favored rural practices within fifty miles of New York City. It was situated in a beautiful lake district, popular both as a summer and as a winter resort with many New York people. Two doctors had retired from that locality having accumulated a competence in the practice of medicine.

For weeks I scoured the hospitals. Residents and internes would not consider the country. I was told flatly by one young man that he would rather be a lamp-post in New York City than owner of all the outlying countrysides put together.

Finally a rural practitioner from another part of the state took over the work in this place; and today, in the face of the most untoward conditions the country has known for decades, he is collecting more money than three fourths of his city colleagues.

●
An article in MEDICAL ECONOMICS last month pointed out the striking need for physicians in the rural areas—a need long existent and one which apparently is not easily remedied. The country is crying for doctors while most cities are bulging with more medical men than they can possibly absorb.

With good roads rapidly increasing, with powerful and economically operated cars, with telephones at every hand, and hospitals

Young Man!

not too far distant, the rural physician can cover a large area with comfort and efficiency.

His expenses are at a minimum. His opportunities for service are unbounded. Collections in cash or "kind" are infinitely better than in the cities with their shifting or idle populations.

The country, too, offers far more independence of action. The doctor there learns to depend upon himself, and is depended upon in turn.

Oftentimes practitioners in contiguous towns have a mutual arrangement for practice. In one section I know of, three classmates from the same medical school have located in sections from twelve to fifteen miles apart.

One man has fitted up a few rooms in his house as an emergency hospital. On certain mornings each week the three get together at this central location and do minor surgery, while their major surgery is taken to a small city hospital less than fifteen miles away in which the physicians have courtesy privileges.

These country doctors are busy, exceptionally busy. They know of the depression only by name. They are rendering the community an excellent service. And they have the respect and regard of the entire countryside.

Moreover, they are being properly compensated for their work.

One wonders, with great amazement, why more men do not wave adieu to skyscrapers and noisy streets and seek locations where their ability and experience would be truly welcomed.

H Sheridan Baker

When Washington Paid the

George Washington, born 202 years ago this month, would have witnessed a radical change in medicine had he lived to see it practiced today. But have the economics of medicine changed appreciably since 1772? "Scarcely at all," says Dr. Wells. "The problems encountered then were surprisingly similar to those of today."

AS a matter of curiosity, it is interesting to read how the medical profession fared financially in the early period of American history, when our medical as well as our political institutions were still in a formative stage.

It is an inquiry, however, worthy of more than academic interest, the history of any subject being nearly always of value in helping to solve *present* problems.

Information bearing upon this subject can be found in rarely read memoirs, diaries, and personal correspondence of the period, and in part also in wills, old family account books, and legal documents. Studied with such special purposes in mind, these old records often throw interesting sidelights upon the habits and manners of the medical men of the period.

Inquiry as to fees received by doctors in Washington's day might very properly begin with some information as to what Washington himself paid for medical services. Contrary to general belief, Washington was for many years a much-ailing man, one who frequently had occasion to seek medical advice. It should be mentioned, too, that he was something of a doctor himself.

As the master of extensive plantations he often exercised his knowledge of the healing art in the care of his large retinue of slaves and servants. He carried always on hand a large stock of

drugs. Numerous references may be found in his diary to ordering purgings, bleedings, or Peruvian bark for his people when sick.

For grave cases a regular physician was called.

Incidentally, the father of his country set a precedent for contract medical practice, employing a physician at a fixed salary to take care of the health of his people on the plantation. Among those thus retained were Dr. Laurie, Dr. Craik, Dr. William Brown, and Dr. Rumney. For such services Dr. Laurie is said to have received a salary of fifteen pounds a year.

Washington's diary mentions a number of instances of other physicians consulted for the benefit of himself or members of his family. Reference to his account book shows exactly what amount was paid for their services.

Notwithstanding his many doctor friends, and his high opinion of the profession, Washington is known to have patronized quacks on several occasions. He was devoted to his little step-daughter, Patsy Custis, and when he saw no benefit from regular medicine, he was willing in desperation to try anything that promised help.

In his diary on February 16, 1769 he wrote: "At home all day. Joshua Evans who came here last night put an iron ring upon Patsy (for fits) and went away after breakfast." In his expense account (Ledger A) he has: "By Joshua Evans a ring for Miss Custis, one pound, ten shillings."

he Doctor's Bill

By WALTER
AUGUSTINE
WELLS, M.D.

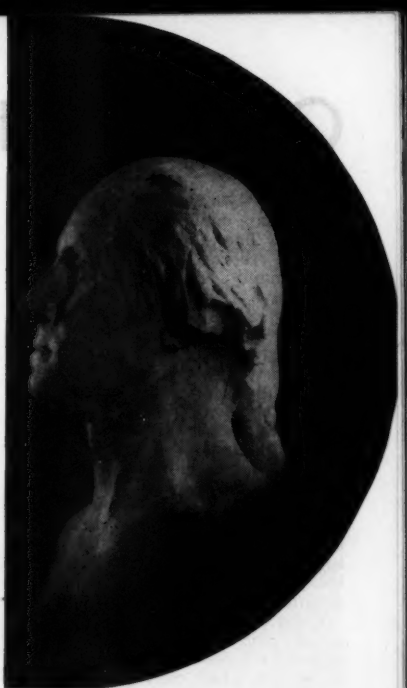
And in his diary we find under date of April 29: "Mr. John Johnson who has a nostrum for fits came here this afternoon." His expense account shows that Mr. Johnson, on November 12, was paid fifteen pounds, Maryland currency.

On May 7, 1771, he paid to a prominent Williamsburg physician, William Carter, one pound five shillings for four bottles of "fit drops." And in 1772 he paid to Dr. Pasteur, another leading physician of the town, fourteen pounds eleven shillings for medical services for Patsy, and eight shillings six pence for services for himself.

The obligations for professional services in the last illness of Washington were very promptly discharged. Death took place between ten and eleven p.m. Saturday, December 14. The next morning, Colonel Lear, his private secretary, wrote in his journal: "After breakfast I gave Dr. Dick and Dr. Brown forty dollars each, which sum Dr. Craik advised very proper, and they left after breakfast."

A modest sum, indeed—but Washington's illness was of very short duration, and the physicians were in attendance only the day of his death. Apparently but two consultations were held.

With the beginning of the eighteenth century there was a rise in the status of the *bona fide* medical practitioner the world over. In England especially he came to occupy by the middle of the century a rather enviable position in the social life of the country.



Clad in a handsome coat of red satin, with breeches and buckled shoes, a powdered wig on his head, and carrying a gold-headed cane, he made an impressive appearance in public. People raised their hats to him as he passed.

A prominent London practitioner scorned a consultation fee below five pounds, and was disappointed if his annual income fell below five thousand pounds. Dr. Littsom's income for one year amounted to as much as twelve thousand pounds, equivalent today, considering the difference in the value of money, to something like one hundred and fifty thousand dollars—certainly a tidy sum for a physician.

It was not to be expected, of course, that such heights could be reached in a new country like America; but even here the status

[Continued on page 127]

Good Records are the Best

I HAVE two secretaries: One is of the usual flesh-and-blood variety. The other takes the form of *good records*.

Strangely enough, many doctors have the idea that record-keeping is a nuisance, that it makes extra work for them. Nothing actually could be further from the truth.

No physician with any considerable practice can possibly keep the details of all his individual patients' illnesses in mind. Proper records can free his mind of a burdensome weight, and allow him to keep his best energies for other things in his practice—things more important than trying, usually quite in vain, to develop an encyclopedic memory for details.

Good printed forms are of two types: first, the short form, a single or folded card, about 4" x 6" in size, which may be kept in a visible index. The visible index is fairly expensive, but well worth the cost in time saved. It is particularly advisable for some types of practitioner, say the EENT man, for example.

Then there is a longer form, the one which I personally favor. The basis of treatment, we all say, is the examination and the history of the patient. Nevertheless, one of the cardinal sins in practice, as

I see it, lies in not getting enough information about the individual patient at the time of his examination. That's why I am heartily in favor of these more detailed record forms.

Two generally accepted ways of taking a case history are: (1) the intensive method, beginning with the chief complaint, and going through the entire family history; (2) the extensive method, in which the patient complaining of a pain in the chest is asked, for instance, of what his grandfather died.

My own records allow for the use of either or both these methods, depending upon the particular patient being examined.

Unless he keeps adequate records, the doctor with a tricky memory may be reasonably certain that some day he is going to be sadly embarrassed and at a disadvantage, in court or elsewhere. The safest insurance against this later discomfiture is simply to keep records.

The thing to strive for in all record-keeping is a minimum of writing. And yet we need a form which, when properly filled out, presents a record that will be useful over a long period of time. The long record form meets these requirements.

It is difficult to accumulate a

Would you like samples of collection cards that are dignified and in good taste, which get results without offending the delinquent patient? Here they are.



IT HAS become necessary to urgently request that my bills be cared for as promptly as possible. The large number of people who feel there is never any hurry about paying the doctor make it very difficult for him to meet his own creditors. My bill is due when presented or when my services end, and I need the money just as your grocer or milkman needs it.

If it is impossible to pay it all at once, partial payments are welcome. If this cannot be done, a frank statement of the matter, with some arrangement about future payment will do much to preserve the pleasant relations which I am anxious to maintain with my patients. Will you not take this matter up with me at once, particularly if there is any misunderstanding? Thank you

D. P. Griffin, M. D.

Trouble Insurance

sufficient store of facts and information relating to your patient if you use small cards. To be sure, you will listen to the patient while he is talking; but you will *not* note in writing what he says. And how are you to know when he is going to drop some hint that, recorded for use later on, might greatly aid you in solving some difficult problem in connection with your treatment of him? For the chief virtue of records is that they help your memory when it most needs help.

Furthermore, aside from their undoubted usefulness to you, there is another very excellent reason for keeping full records about your patient: He likes to see that you are taking down what he says about himself. This contributes to his ego. He likes to feel that you think what he says is worth recording, and somehow he acquires a new liking, a new sense of confidence in you because of the fact.

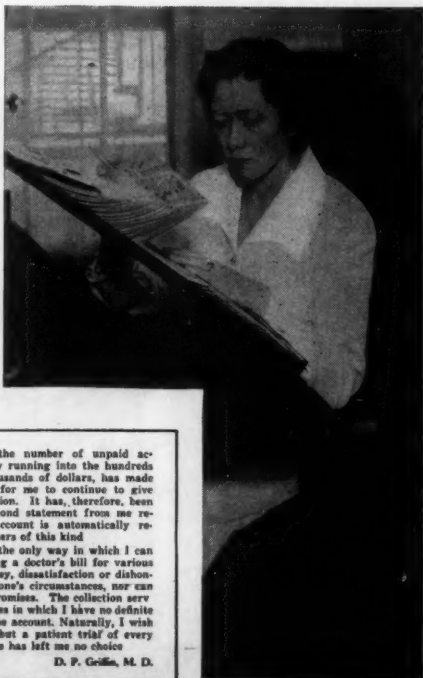
This same sense of confidence is certainly not added to when the doctor says to him, "By

the way, what did I give you the last time you were in to see me?" For other reasons than this, of course, an accurate record of previous treatment is important.

Printed forms help me, too, in the matter of keeping appointments straightened out. I firmly believe they save a lot of time not only for me but also for my patients.

If a patient can not get back to the office at the hour indicated
[Continued on page 99]

By DANIEL P. GRIFFIN, M.D.



THE constant increase in the number of unpaid accounts on my books, now running into the hundreds and totaling several thousands of dollars, has made it physically impossible for me to continue to give them my personal attention. It has, therefore, been decided that when a second statement from me remains unanswered, the account is automatically referred to an agency which cares for matters of this kind.

This is not an unfriendly act; it is the only way in which I can make ends meet. People postpone paying a doctor's bill for various reasons—carelessness, lack of ready money, dissatisfaction or dishonesty. I cannot possibly remember everyone's circumstances, nor can I know his intentions, or always recall promises. The collection service will care for these details in those cases in which I have no definite information regarding the payment of the account. Naturally, I wish to use the service as little as possible, but a patient trial of every other method over a period of some years has left me no choice.

D. P. Griffin, M. D.

Bargains in Utilities

By ARNOLD BERNHARD

AMONG his other troubles, almost every investing physician has some utility securities. It was only a month ago that utility mortgages, debentures and stocks were selling at or close to the lowest levels recorded for the entire depression. And this at a time when industrial and railroad securities were relatively buoyant.

Such behavior is especially disconcerting in view of the fact that today utilities are more reasonably priced in relation to earnings than industrials.

The ten representative utility stocks in the following table, for example, are seen to be selling

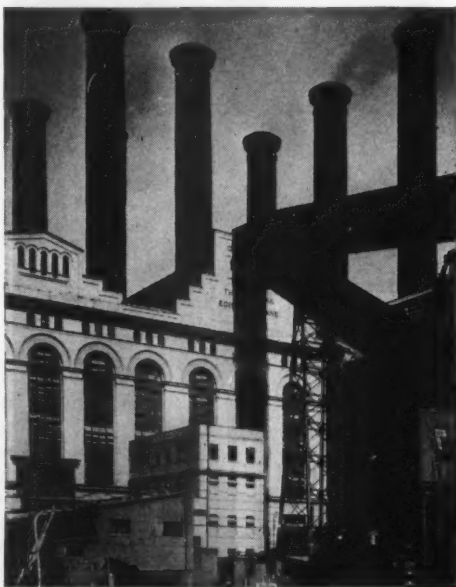
for 13 times 1933 earnings, whereas the ten representative industrials, if deficits be ignored, are selling for 27 times 1933 earnings*.

INDUSTRIAL STOCKS

Name	Price	Earnings
1. U. S. Steel	53	—
2. American Can	100	\$5.50
3. Allied Chemical	153	6.75
4. Union Carbide	49	1.25
5. General Electric	21	.30
6. Sears Roebuck	45	2.00
7. National Dairy	15	1.20
8. Standard Oil N. J.	45	.65
9. General Motors	37	2.25
10. Kennicott	20	—
	539	19.90

UTILITY STOCKS

1. Con. Gas N. J.	42	3.50
2. Public Service N. J.	40	3.05
3. Pacific Lighting	30	2.75



"You could not buy rentes at these prices if the streets of Paris were not running with blood," Baron Rothschild once said.

Similarly, utility securities would not be available today at prices so close to the lows for the entire depression, were it not for the widely known disturbances in the industry.

*Estimated earnings; annual reports not yet available.

*The same year that the Hoosac Tunnel
was opened*

Maltine
Reg. U. S. Pat. Off.

**WITH COD LIVER OIL
WAS INTRODUCED**



Hoosac Tunnel, Opened 1875

Of the important events that transpired in the United States during the year 1875, two are of importance to mankind. The Hoosac Tunnel—drilled under the Green Mountains through $4\frac{3}{4}$ miles of solid rock—was opened officially to railway traffic. The Maltine Company was also established in the same year and one of the first products it introduced—Maltine With Cod Liver Oil—"Council Accepted"—is still held in high esteem by physicians.

There is but one genuine Maltine With Cod Liver Oil. The name "Maltine" is registered in the U. S. Patent Office as the exclusive property of The Maltine Company. Any malt preparation represented as "Maltine Type" or "The same as Maltine," is an inferior imitation. Physicians desiring to guard against

such substitution should recommend that patients demand and get nothing but the genuine Maltine With Cod Liver Oil—identified by the name "Maltine" on carton and on label.

Maltine With Cod Liver Oil is biologically standardized. It is composed of 70% Maltine—a concentrated fluid extract of the nourishing elements of malted barley, wheat and oats, good sources of vitamins B and G—and 30% vitamin-tested cod liver oil of high potency in vitamins A and D. Administered with orange or tomato juice vitamin C is added. Maltine With Cod Liver Oil is guaranteed to contain four vitamins—A, B, D and G. Biological report will be sent to physicians on request. Address The Maltine Company, 30 Vesey Street, New York, N. Y.

This Trade-mark Identifies the Only Genuine

Maltine
Reg. U. S. Pat. Off.

Member NRA
We do our part

WITH COD LIVER OIL—Introduced in 1875





"By George! I've never seen a more convincing series of clinical results; and those are just the cases I used to dread."

**A Dependable
Treatment For
PRURITIS
ATHLETE'S FOOT
JIGGER AND MOS-
QUITO BITES
VARICOSE ULCER
SIMPLE ACNE
ECZEMA
POISON IVY
CHICKEN POX
ITCH**

For years many physicians have dreaded skin cases, usually referring them to a dermatologist. Despite the most conscientious treatment these cases dragged on and became complicated as a result of the patient's uncontrollable scratching. CALMITOL has changed that. Its instant sedative action promptly controls itching and irritation in any pruritic dermatosis. It thus brings the patient comfort and relief and allows the physician's treatment to exercise its maximum therapeutic effect.

The dependability of CALMITOL has made it the most widely prescribed antipruritic preparation today.

Calmitol

THE DEPENDABLE
ANTI-PRURITIC



THOS. LEEMING & CO., Inc.
101 West 31st Street, New York, N. Y.

2-34

Please send me a sample of CALMITOL.

..... M.D.
.....
.....

4. North American	17	1.35
5. Amer. Gas & Elec.	26	1.75
6. Amer. Water Works	21	1.40
7. Columbia Gas & Elec.	14	.40
8. Nat. Power & Light	11	.95
9. Commonwealth Edison	50	4.10
10. Unit. Gas Imp.	17	1.25
	268	20.50

It cannot be, then, that the utilities are statistically overpriced in relation to other groups. The reason for the strikingly low prices is simply that investors have been frightened by the Administration's attitude, or what is popularly supposed to be the Administration's attitude, toward utilities.

The Administration wants rates reduced.

The Administration intends to compete with the private companies.

The Administration wants inflation, which is bad for utilities.

The Administration favors regulation of the utilities.

Hence the panic in utilities.

There is no point in arguing with panic. But it may be worthwhile to examine this bogey line-up, to see if it is really as bad as rumored.

Rate reductions are not an unmitigated evil. It is frequently overlooked that utility earnings have increased in the past twenty years, coincidentally with rate reductions. Indeed, not only did the increase in revenue coincide with declining rates, but it actually occurred as a result of them.

This is so because the cost of producing electrical energy and distributing it diminishes as the volume of sales expands. As long as rate reductions stimulate sales sufficiently, the net result is profitable to the utilities. For that reason, the largest companies have frequently reduced rates of their own volition.

But how rapidly or how far may rates be reduced without impairing utility capital?

It is the Government's contention that sharp reductions should

be made in the near future. In order to bring about such reductions, the Government has adopted the method of encouraging municipalities to construct competing plants.

This policy was described by the President during the election campaign as the "Switch in the Cupboard" method. It is indeed a most effective method, for if municipalities erect competing plants, and especially if these plants are free of the codes and taxes that burden private companies, the private companies are likely not to be switched into order, but to be clubbed out of existence.

The municipalities have shown an inclination to go along on this "switching" program because the Government is willing to lend money to them at abnormally low rates, and because construction of new utility plants makes work for the unemployed.

But those who conceive of this trend's being carried to an ultimate conclusion overlook two important considerations:

First is the fact that the municipal debt in this country is one of the really critical fiscal problems of government. If the average community, which is already saddled with a greater debt burden than it can bear, were to be encouraged to embark recklessly upon a program of further borrowing for the sole purpose of destroying existing private capital, one of the hardest problems the Administration has to solve would be seriously aggravated.

Second is the fact that utility capital represents a large part of the country's bank and insurance assets. The amount of utility, industrial, and railroad bonds outstanding in this country as at the end of 1932 is given herewith:

Railroads	\$11.893 Million
Industries	10.344 Million
Utilities	14.452 Million

It will be seen that utility debt amounted to a larger sum even

than railroad debt. In view of the fact that the Government is making desperate efforts to support railroad capital for the sake of protecting the banking system and insurance companies, it is preposterous to conceive of the destruction of the even larger portion of bank and insurance assets represented by utility capital.

Then take the matter of power transmission. One may calculate roughly that the cost of power generation is only about one-third as great as the cost of power transmission and distribution.

Since private transmission facilities are already in existence, it would seem to be a reasonable assumption that the Administration would choose to purchase these existing facilities to complement its projected generating facilities, as it has already done in several instances in the Tennessee Valley, rather than go to the huge and wasteful expense of sacrificing the bank and insurance structure of the country in order to duplicate them.

Now this brings up a situation in which two sharp business interests, the Government and the utilities, are striving to strike a bargain. The Government really has two objectives in view.

One is to bring rates down for the benefit of the public. The other is to bring down the purchase price of the properties that it must buy in order to carry out its own vast program of developing the water power resources of the country.

The point to emphasize is that *no confiscation of utility property is contemplated*. Indeed, the Administration has shown a willingness to understand the problem of the utility companies and to cooperate with them in their readjustment.

The *threat of inflation* is one of the most powerful causes contributing to the unpopularity of

utility securities. It is believed that under inflation, costs would rise enormously, whereas rates would be restrained by regulation from rising in proportion.

In considering the effect of inflation on utilities, one should first realize that the kind of inflation we are likely to see in the next year or two is credit inflation, not currency inflation. As between the two, credit inflation could probably do the country greater harm.

But so far as the utilities are concerned, such inflation is not peculiarly disadvantageous.

As a matter of fact, it might be quite otherwise for the reason that under credit inflation interest rates become extremely easy and bonds sell on a very low yield basis. That would mean that the utilities, which have a large fixed debt in relation to total capitalization (60 per cent) would be able to refinance in a good bond market on better terms than prevailed when their original debt was incurred.

Another powerful factor contributing to the unpopularity of utility issues is the fear of *government regulation*.

In this connection it might be well to bear in mind first that when the Government regulates an important industry, as in the case of the railroads, it also assumes a paternal responsibility for preserving the capital of that industry. Today, for instance, the Government is the best friend the railroads have.

Another point is that government control of industry is not likely to be limited to the utilities any more than it was limited to railroads. Industry already has the N.R.A., and it is reported that the President plans to appoint to his Cabinet a member whose function it will be to protect the interests of the consumer.

This is quite consistent with the socialistic tendencies (the term is not used in a disparaging

REALIZATION

Investigators have long been seeking a method of bowel correction that would afford *bulk, lubrication and motility.*

In our laboratories many of the evolution-ary steps have been pioneered. Now at last we announce the realization of an ideal in

K A B A

**BULK — LUBRICATION
MOTILITY**

Without Roughage—Without Drugs

K A B A . . .

BULK « LUBRICATION

BOWEL MOTILITY

WITHOUT ROUGHAGE—WITHOUT DRUGS

Mineral oil, agar, psyllium seed have all been steps in the development of a natural, complete, drugless bowel corrective—but only steps, because now we announce the realization of the peak towards which these steps were leading us—that is

KABA

Kaba contains the solidified, purified sap of the kabaya tree (bassorit) which has the unusual property of swelling to at least 18 times its bulk when it comes in contact with water. This bland, inert, soft bulk also lubricates—it is a mucilaginous substance which mixes with the content of the intestine, without producing an oiliness without forming concretions, without interfering with digestion.

Kaba also contains Savita (brewers' yeast), providing a generous supply of the Vita-

KABA

BULK DEMONSTRATION OF KABA

1—One teaspoonful of KABA in $\frac{1}{2}$ glass warm water.

2—15 minutes later. Most of the water absorbed by KABA.

3—45 minutes later. All water absorbed by KABA forming a bland, almost transparent mass.

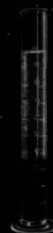
mins B and G, the presence of which restores the normal motility of the bowel. Plimmer, McCarrison, Wohl et al have pointed out that Vitamin B deficiency reduces intestinal tonicity.

This unique combination of bulk, lubrication, motility without irritation — without cathartic drugs — which is presented in Kaba, provides the physician with the natural, physiologic method of treating such conditions as chronic constipation, bowel sluggishness and other disordered functions of the bowel.

The two *in vitro* tests shown at the sides of these pages can be made very quickly on your desk. An *in vivo* test on your patients will also confirm the brilliant results which can be obtained with Kaba. For these tests we wish to send you a free sample can of Kaba. Use the postcard for convenience.



COMPARISON OF KABA
1—10 cc. of KABA in 100 cc.
of warm water, 45 minutes
after immersion.



2—10 cc. of psyllium seed
in 100 cc. of warm
water, 45 minutes after
immersion.



3—10 cc. powdered agar
in 100 cc. of warm
water, 45 minutes after
immersion.

NOT SPIKED *with*
CATHARTIC DRUGS

A Natural-Source Product with a Natural, Corrective Effect

**NO SEEDS — NO BRAN — NO OIL
NO IRRITATION
NO CATHARTIC DRUGS**

KABA

KABA is a physiological corrective intended to restore the normal function of the bowel in the natural manner. A prescription product stocked at your pharmacy.

Dosage:—

The usual dosage is one teaspoonful three times a day, but this can be modified and the patient given more or less, according to reaction. The granules should be swallowed without chewing, followed by a glass of liquid.

**The Battle Creek
Food Company
BATTLE CREEK, MICH.**



sense) of the present Administration. Indeed, under any planned economy, such controls are bound to spread.

Later on, then, when private industry is struggling with the horrors of Government regulation, the public utilities may find themselves in the same sheltered position as do the railroads today.

From the foregoing, it may be concluded that

(1) While the Government is intent upon reducing rates, such reductions do not preclude ex-

panding earnings.

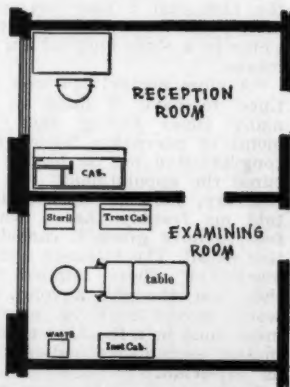
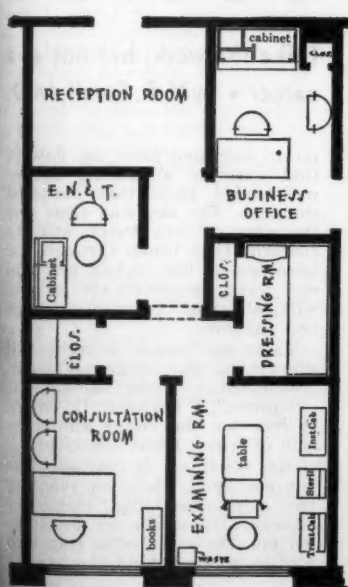
(2) The Government itself intends to go into the utility business, perhaps on a vast scale, but such plans imply absorption rather than destruction of private utility capital.

(3) Although credit inflation might raise costs among the utilities, it would also benefit them by making possible a reduction in fixed charges.

(4) While the coincidence of lower rates and higher taxes

[Continued on page 109]

Two more general practice offices

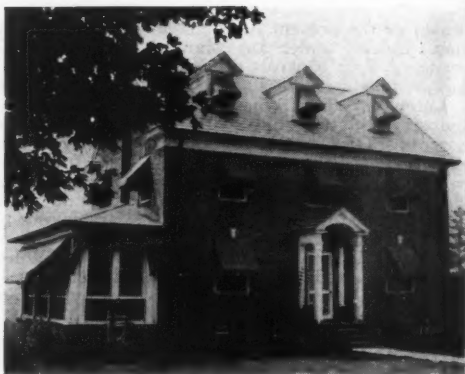


The plan above suggests how a general practice office can be condensed into two rooms. Here the business office and reception room are combined. The physician's consultation desk would occupy a convenient place in the examining room. The plan at the left shows a more elaborate arrangement with a separate business office and dressing room.

Courtesy Hamilton Mfg. Co. Scale: $3/32" = 1'$

At the right is your home—if you happen to be a staff physician at one of the more up-to-date state hospitals for the insane.

When he arrives at the asylum the first sight the prospective inmate sees is the reception building. Two such buildings are shown on the opposite page.



"GOING to be an asylum doctor, are you?"

The question, accompanied by a knowing lift of the eyebrows and a suggestive, cynical smile, was asked by a member of the hospital staff when I mentioned the fact that I had "accepted" an appointment as assistant physician in a state hospital for the insane.

"Asylum doctor!"—I was destined to have it flung at me many times during that last month of internship. No one ever congratulated me on having secured the appointment. On the contrary, many of my associates told me frankly that I was a fool to have given it consideration at all. The manners and remarks of others implied that they too thought anyone who would accept such an appointment must be a fit subject for an insane asylum—as patient, not as physician.

Consequently, it was not without certain misgivings that on a warm July day—the term of internship at last having been served—I followed a winding path through the broad, park-like state hospital grounds, on my way to report for duty.

It was a beautiful day. The air was sweetly fragrant from a

ASYLUM DOCTOR

I like the work, but not as a career • By V. R. Small, M.D.

recent rain and from the flowers that grew in abundance in the well-tended plots that bordered the path. The sky was clear and the color of deep water, and the sunlight that broke through the branches of the stately oak and elm trees patterned the ground with alternate patches of light and shadow.

There was no one in sight, and everything was strangely quiet. "Something sinister about that quietness," I thought. It tended to increase the vague apprehension of which I was conscious.

My spirit of disquietude was not assuaged when, on reaching the large, rambling, castle-like structure to which my footsteps led me, the voice of a man who was standing behind the bars of

a high window broke the silence: "Here comes another one!"

This announcement was answered by a man at another barred window: "He don't look so crazy, but you never can tell."

"Well," replied the first, "if he ain't crazy now, he soon will be."

Steeling myself for I knew not what, I entered the building, consoling myself on the way with the thought that my services there would not be for long. As soon as I could save enough from my meager salary—and it was to be meager, indeed—I would resign and go into private practice.

The reader will probably guess that I had accepted this position, not from choice but from necessity—and the guess is correct. It was not that I looked upon my new position as being one especially desirable from any viewpoint, nor that I had any great interest in the medical specialty that I would be called upon to learn and to practice, but simply that I was confronted with the immediate necessity of obtaining food to sustain my body and raiment to replace the threadbare garment that had served me well, but far too long.

Many of my intern associates were stepping into positions that

had been held open for them, and some were starting in private practice for themselves. But these were in some way provided with funds sufficient to tide them over the lean years.

I was broke. My college course had taken all my cash, and there was no more where that had come from. There was nothing for me to do but to find some job that would pay me an immediate salary—the amount was not nearly as important as the time element.

Accordingly when this institutional job presented itself I was not long in grabbing it. At the time, I frankly considered it a makeshift until a better day should arrive; yet, when the time finally came that I should give up institutional work and strike out in private practice, I had six years of state hospital service to my credit—six years that were by no means wasted.

In a time of great financial stress like the present, there are sure to be many young men just out of college, or just finishing their internships, who find themselves beset with the same grim circumstances that confronted me. To any among the number who may be contemplating insti-

[Continued on page 111]





PUTTING HIM BACK ON HIS FEET

IN arthritic and rheumatoid conditions it is the pain, swelling, loss of motion which incapacitates and invalids the patient.

A first and important step in treatment should, therefore, be to control the acute symptoms and put the patient back on his feet.

FARASTAN—Mono-Iodo-Cinchophen Compound—is winning more and more friends among the medical profession because it helps to control symptoms speedily. A volume of clinical evidence—published and in routine practice—shows that pain is relieved, swelling reduced and motion increased following the use of FARASTAN.

No doubt these effects are the result of increased metabolism and elimination of toxic products.

The percentage of improvement in several thousand reported cases ranges from 64% to 80%.

If you have not made a clinical test of FARASTAN, write for a supply of 48 capsules, 0.25 gram each, and reprint of the published work.



THE LABORATORIES OF THE FARASTAN COMPANY
137 South 11th Street " Philadelphia, Pa.

A Bogey Vanishes

AFTER much ado about the wholesale encroachment of the federal government upon the domain of private medicine, the tumult and the shouting dies.

The important fact remains that, by recent concessions and alterations in previously announced plans, the spectre of state medicine, approaching with huge strides from Washington, has been averted.

Harry L. Hopkins, head of both the Civil Works Administration and the Federal Emergency Relief Administration, has voiced a distinctly reassuring attitude from his office in the capital. Expressing his belief in the high ethical standards and generosity of the medical profession, he says that it is upon the private practitioner that the government is largely depending for the proper care of the 4,000,000 employees of the Civil Works Administration.

True, the United States Employees Compensation Act of 1916 requires that medical care be provided through government medical facilities where these are available and adequate. However, this is the case only in the larger cities; and it has been specifically stated that there is no intention of increasing federal hospital bed capacity, even where existing facilities are inadequate.

Relatively few CWA workers, it is thought, will contract disease or incur injury in line of duty. But they and their families will require general medical care. And not federal medical officers, but private practitioners, will be called upon for that service, we are now assured.

The Government places squarely upon the shoulders of the county medical societies the responsibility of seeing to it that, whether

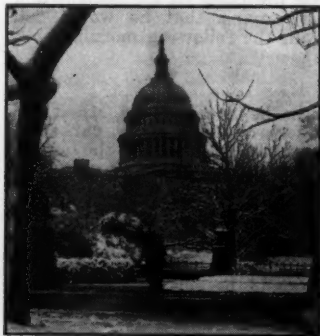
members or not, all reputable competent private physicians in their districts willing to give treatment at reasonable charges shall have an equal opportunity to do so.

And so another great and burning issue recedes into the background. When the government recovery plan was first launched, those aspects of the relief activities which savored of state medicine caused no little general alarm. Organized medicine insisted that these plans should be considered emergency measures only, to be abandoned the moment the emergency had passed.

Now that federal government solicitude for the health and welfare of some millions of workers and their families turns out not to be a grim state-medicine bogey, after all, there comes word that the CWA program may be dropped soon, anyway, for lack of funds.

Shortly after the middle of January its 4,000,000 workers were put on a short week, and purchases of supplies were cur-

[Continued on page 103]



Collect for those

DR. ADAMS LEARNS ABOUT QUASI-CONTRACTS

By Maxwell M. Booxbaum, M.D., LL.B.

It was Dr. Adams' birthday. He and his wife had agreed to make it a big evening. After attending a theatre, followed by supper at a night club, they arrived home about 2 A.M.

As the doctor was opening the door, an excited stranger hurried upstairs and urged him to come at once to 42 Main Street, where a woman was in desperate need of medical care.

It had been many years since Dr. Adams had made any night calls on strangers, but, still in a holiday mood, he decided to go. Taking the stranger with him, he stepped into his automobile, and drove rapidly to the address given.

He found the woman unconscious, but in a comparatively short time he brought her to consciousness. Her condition was such that he had no fear of a relapse.

Since there seemed to be none of the family present to whom he might look for his fee, the doctor took the name of his patient and left, saying that he would call again the following morning.

As he reached the street, he discovered that his car, parked at the curb in front of the apartment house, had been wrecked during his absence. A policeman standing nearby informed him that a fire truck had smashed into it.

He could tell at a glance that it would be several days before the car would be in condition for use again. Therefore, taking the

officer's number, he went to the nearest telephone and summoned a towing car to take his battered machine to a garage for repairs. He then walked home, reflecting upon the disastrous conclusion of what had otherwise been a thoroughly enjoyable evening.

Next morning the doctor wrote to the city authorities about his car, mentioning that he would appreciate their viewing it before repairs were ordered, so that there would be no question concerning the amount of the bill.

For a number of days after that he got along without his car, using surface trolleys and subways. Meanwhile, to his exasperation, no reply was forthcoming from the city's fire department. Finally he wrote that unless he received an immediate reply he would turn the case over to his attorney for action.

After a few more days had gone by without bringing any word from the city, the doctor went to consult his lawyer. Giving him the whole story, he concluded, somewhat bitterly, "If I had stuck to my principle of refusing to make night calls for strangers, this trouble would never have happened. And to make it more maddening, I wasn't even paid for that emergency call!"

"And why weren't you paid?" his lawyer, Brown, inquired.

"Well," returned the doctor, "the husband claimed that my fee of \$10 was too high. He said that he has his own physician who, for

Emergency Cases!



a small annual fee, attends to all calls for the family. He maintained, too, that the one who called me should pay for my visit, since it was he who requested my services. Anyway, he flatly refused to pay me."

"What are you going to do about it? Are you going to let him talk you out of your fee?"

"Charge it to profit and loss, I guess," replied the doctor. "If I thought I could spare the time, I would, as a matter of principle, sue the fellow. But then, the amount is hardly worth the trouble. And I am not at all certain that I would win my case under the particular circumstances involved."

"It was pointed out in our lectures in medical jurisprudence, I remember, that one necessarily

makes a contract when he undertakes to treat a patient. Of course, as I understand it, the thing works both ways. Unless he enters into a contract with me to treat him, the patient is under no obligation to pay me. Nor am I obliged to treat him unless I contract to do so.

"Take an extreme case. Suppose a person lies bleeding before my very eyes. Even though he entreats me, as the only doctor available, to do something for him, and though I know his hemorrhage will prove fatal unless checked, there is no law to compel me to treat him."

"But to get back to the question of whether or not my patient made a contract with me, I'm afraid not. If I knew the name
[Continued on page 69]

A NOTABLE ADVANCE

which has earned the
widespread approval
of physicians



The new ARGYROL TABLETS embody greater convenience and exactness with the high standard of efficiency of ARGYROL. They have met with universal favor

BECAUSE

1. They save time, especially when a fresh solution is quickly needed.
2. They insure a fresh, accurate solution in a few minutes.
3. They are economical.
4. They enable you to make as little or as much as you require.
5. They insure uniform results, as all tablets weigh exactly six grains.
6. They contain no binder or filler—nothing but ARGYROL.

Physicians who are using these tablets are gratified by the ease with which they can make whatever concentration they desire. For example, four tablets in half an ounce of water make a 10 per cent solution in a few minutes; other strengths in proportion. Argyrol tablets are put up in packages of three vials, each vial containing twenty 6-grain tablets. Your druggist can supply you. A freshly made solution will always give you dependable results.

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Sole Manufacturers of Argyrol and Osoferrin

New Brunswick

New Jersey

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Income Taxes Again

Although Congress may have revised the Revenue Act of 1932 by the time this issue of MEDICAL ECONOMICS reaches its readers, there is no need for physicians to delay filing their income tax returns.

The new law will not affect 1933 incomes. It will not be retroactive. Blanks may therefore be filled out as soon as desired. For the convenience of physicians, a few directions are given in the following paragraphs.

THE deadline for filing 1933 income tax returns is March 15, unless, of course, there is some good reason why you should be given an extension. Extensions are granted only upon formal application to your district collector of internal revenue.

Who must file an income tax return? The law specifies that:

"An income tax return must be filed by every citizen of the United States, whether residing at home or abroad, and every person residing in the United States though not a citizen thereof, whose gross income for the taxable year 1933 amounted to \$5,000, or whose net income amounted to

(a) \$1,000 if single or if married and not living with husband or wife;

(b) \$2,500 if married and living with husband or wife; or

(c) More than the personal exemption if status of taxpayer changed.

"If an individual is single and the net income, including that of depending minors, is \$1,000 or over, or if the gross income is

\$5,000 or over, a return must be filed.

"If the combined net income of husband and wife, and dependent minor children, if any, is \$2,500 or over, or if their combined gross income is \$5,000 or over, all such income must be reported on a joint income return, or on separate returns of husband and wife."

For the doctor the only difficulty presented in filing an income tax return resolves itself into ascertaining the *net* income on which he is required to pay the tax.

Your gross income consists of all money you have received for professional services throughout the year, plus profits from your investments or speculations, plus any other compensation or profits accruing to you. The tax blank makes it clear what the detailed exemptions are with regard to marital status, number of dependents, and so on. After these are accounted for, you arrive at your actual net income by a process of deducting from your gross income all *bona fide* professional expenses.

Not all expenses may be thus deducted from your gross income to arrive at the net, or taxable, income. You may *not* deduct

(1) The purchase price of your automobile,

(2) The purchase price of relatively permanent items of equipment such as office furniture, instruments, books, etc.,

(3) Expenses of postgraduate study,

(4) Dues to social clubs, though limited to physicians.

However, you *may* deduct from your gross income, to arrive at the net income, all items coming

[Continued on page 79]

One way to
guarantee
collections

MEDICINE "ON TIME"

THE American public, grown used to buying its houses, automobiles, jewelry, radios, cemetery lots, and what not on the time payment basis, is now being asked in certain quarters of the country to meet the doctor's bill also through the instalment plan.

Is the profession, however, justified in adapting the instalment credit idea to its particular problem of supplying medical and surgical services?

Before attempting to answer this question it will be well to examine the opinion of a man who has given all the pros and cons of the matter exhaustive study. In his two-volume work *The Economics of Instalment Selling* Professor E. R. A. Seligman of Columbia University makes the following statement:

"...instalment selling, when used with the right commodity, is likely to increase and not decrease savings. If instalment selling leads the individual to buy something he does not really need, or which satisfies only a passing whim, or which transcends his real prospective capacity to pay, the action must be put into the spendthrift class. But if the commodity is in itself a useful and desirable one, if the individual would be inconvenienced or have his productive efficiency diminished by his inability to purchase it for cash, instalment selling will tend to augment both his desire and his capacity to save in order to pay for it."

It would seem beyond argument that medical service constitutes a "commodity" in itself useful and desirable, and that the inability to purchase it for cash may not only inconvenience the individual but very decidedly diminish his productive efficiency.

The most readily apparent advantages of adapting the finance plan to the doctor's bill are:

First, it enables many people

requiring relatively expensive courses of treatment or operations to have them; and

Second, it insures the doctor the prompt cash payment of his fee, minus the usual banking discount, of course.

There are at the present time a number of commercially organized financing companies especially soliciting the doctor's business. Let us consider two of these as illustrations: the Physician-Dentist Service, Inc., of Boston; and the Professional Economic Bureau, Inc., of New York.

In a recent fifteen-month period, the first-named company, according to its president, financed some 3,500 sickness bills, and distributed to its doctor, dentist, and hospital clients in and around Boston and Providence approximately \$300,000 in cash.

According to the method of procedure followed, the patient executes a note with two co-signers, one of whom may be the doctor, for an amount determined in this way:

Doctor's bill	\$100.00
Service charge to patient (12 months at 50 cents per month)	6.00
Insurance premium for 12 months	1.00
Total face of note signed by patient	\$107.00

The doctor receives his fees less a 7½ per cent discount, or \$92.50. Of this \$50 is payable after the finance company receives the forms properly executed and the credit risk approved, and \$42.50 is payable on receipt of the sixth monthly payment from the patient.

Physician-Dentist, Inc., has a

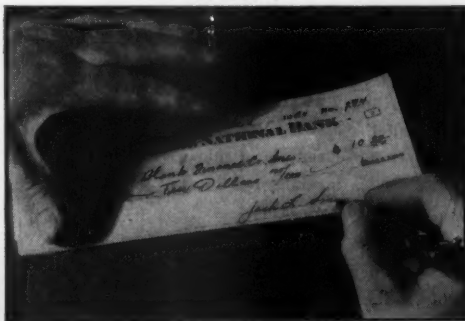
second plan also, under which the doctor may pay a 15 per cent discount and receive the remainder of \$85 in full as soon as the forms are in and the credit approved.

Fees in excess of \$150 may, if the patient desires, be paid over a period of time up to eighteen months, at the same rate, the doctor being charged no additional discount for the extra months.

Should the doctor sign his patient's note, the company holds back 10 per cent of his fee until the last payment is made by the patient. This serves as a form of insurance against defaulted payments. If it is found necessary to use this reserve fund, it is repaid to the doctor with 6 per cent interest.

Physician-Dentist, Inc. has done quite a bit of advertising to the public, stressing the point that through its facilities the individual or the family can have all needed medical or dental attention at once, taking care of the financial obligation in small weekly or monthly payments out of income.

The second finance company, the Professional Economic Bureau, Inc. has been approved by the Medical Society of the County of New York, which recommends its plan to local physicians.



This organization maintains a complete credit and collection service for doctors. Its special service plan for the financing of new accounts is much the same as that of the concern already considered.

The patient signs an agreement, endorsed by one friend, relative, or business associate, to pay his obligation in ten uniform monthly instalments. Interest is charged at the rate of 6 per cent per annum on the deferred balance, which, amounting to only \$2.75 per hundred dollars, is added to the final payment.

If the agreement is found acceptable after a check-up on the credit standing of its signers, the doctor at once receives his fee in cash, less 8 per cent discount and a small fee to the Professional Economic Bureau.

In brief, then, the adaptation of the instalment plan to the doctor's bill is said by its sponsors to

- (1) Assure the physician additional patronage among patients who prefer to pay out of income,
- (2) Eliminate the risk of bad debts,
- (3) Remove the embarrassment and annoyance of collection efforts,
- (4) Discourage the overloading of free clinics by providing patients the convenience of deferred payments.

- (5) Make cash immediately available to the physician.

Whether all these apparent advantages are what they seem, is, of course, open to question. MEDICAL ECONOMICS in this instance simply presents the facts as it finds them.

ACETANILID



Known to the medical profession since 1886, Acetanilid is still among the most effective sedative and anodyne agents we possess. More than that, there is substantial agreement among those who have made careful experimental and clinical studies of the physiologic and possible toxic effects of this drug that it is *SAFE*.*

Acetanilid is as safe as any coal tar derivative, safer and less depressant to the heart than many barbiturates. It has been administered to animals and patients over long periods of time without ill-effects.

Useful alone, the value of acetanilid is enhanced by combination with a sodium salt and with caffeine. Carefully controlled animal studies, showing this adjuvant value of caffeine have just been published.**

Equally thorough studies of the effect of a preparation containing acetanilid (appr. 3 grs. per average dose), caffeine, sodium bromide and sodium citrate

have been made on patients. The combined chart of ten patients reproduced on the next page demonstrates clearly the safety of such medication. Its clinical effectiveness can be easily verified in your own practice.

The above statements about acetanilid are condensed from more than twenty references in the literature. Believing the medical profession will be interested in knowing the history and true therapeutic value of this safe and useful drug, the Emerson Drug Company is publishing this as the first of a series of announcements on acetanilid and its uses. Naturally, support for every statement made is offered. Just use the coupon on the next page and we shall be glad to send you literature together with a sample of the preparation administered to the patients in question.

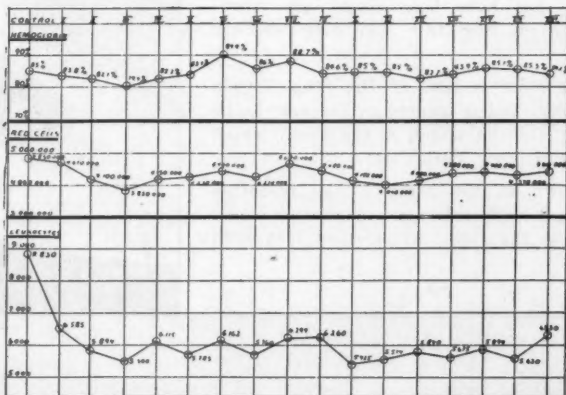
*Space prevents direct quotations.

A reprint is available which contains the most important ones.

**Journal of Pharm. & Exp. Ther.

safe and useful drug

COMPOSITE CHART OF TEN PATIENTS



Five subjects received 11 grs. acetanilid daily in three doses within one hour, six days a week; five received acetanilid combined with an effervescent salt containing caffeine, sodium bromide and sodium citrate.

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EMERSON DRUG COMPANY

BALTIMORE, MD.

An Innovation Among Offices

Jones' Wharf, Trinity Church, Wall Street, and the Old Tontine Coffee House are among the high-spots of early New York that have been made into mural decorations for this charming medical suite.

The office is that of Dr. John Martin Wheeler, and is located in the new Institute of Ophthalmology at the Presbyterian Hospital, New York City.

Shown at the right is the reception room; directly below, a consultation office; and, at the right, an all-tiled treatment room.





"But doctor! Elastic Stockings are such awful, stuffy, ugly things!"

"They used to be, Mrs. Jones, but I'm sure nobody will know you are wearing these Elastic Stockings."



"See, they're almost as sheer and good looking as your service weight hose. They are not hot, stuffy and uncomfortable. That's because they are made of Lastex, the light weight elastic yarn—they stretch in all directions."



"These stockings are sheer, but at the same time they are firm in support to do the job I want them to do for you. That simply wasn't possible before Lastex came along. These stockings will hold their elasticity too."



"You'll find that they launder well and last a long time. Consequently they won't cost you a lot of money per month, and you'll be able to keep them clean without fear that laundering will make them useless in short order. You really will like these new sheer elastic stockings."

These new ELASTIC STOCKINGS by BAUER & BLACK are becoming more popular every day

• Women don't object to wearing them. Physicians like to prescribe them. They overcome every lay and professional criticism of old fashioned elastic stockings. Made of Lastex, by Bauer & Black, using exclusive patented* process. Carried in stock by your supply house or druggist, in full length and knee length, for men and women. See them before you prescribe.

*Patent No. 1822847

Lastex elastic stockings are part of a complete line of highest quality surgical dressings and supplies made by BAUER & BLACK

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THE NEWSVANE

Dollars For Signatures

The Council of the Toledo Academy of Medicine strongly recommends the collection of \$2 on every health-and-accident insurance certificate filled out by a private practitioner. It points out that a real opportunity for additional revenue has been ignored in the past by the average physician who signs these certificates gratuitously.

In the Academy's *Bulletin* for January, Dr. Louis R. Effler writes: "The insurance company evidently thinks more of your signature than you do yourself. It intimates that your signature is the most important item on the document. And yet you make no charge for it.

"Some will object that the insurance company must assume the liability. The insurance company, on the other hand, may insist that it gets no benefit from the service and that the patient must pay. You need take no part in the argument. Make it clear that one of the two gets the benefit, and that one of the two must pay for the service."

More Negro Doctors Needed

Health conditions among American negroes are generally unsatisfactory, largely because of the shortage of well-qualified negro physicians, asserts the National Association for the Advancement of Colored People.

Placing the number of negro physicians in the country at 4,000, it estimates the need at four

times that figure. There are but two medical schools for the colored race, Howard University and Meharry University. These institutions graduate 100 students annually, and about 20 are graduated from "white" medical schools.

Even these relatively few have difficulty in obtaining interne training, for the total number of internships open to negro graduates is less than the number of graduates every year. There are but 120 negro hospitals in the country, only 16 of them classed as Grade A institutions.

The Association urges the improvement of Negro medical education throughout the United States, calls upon hospitals, particularly if tax-maintained, to accept qualified negro graduates for interne service, and recommends the appointment of qualified negro physicians and surgeons to staffs of hospitals.

Red Medicine Again

Concluding a recent address on "Some Social and Medical Impressions of Moscow," before the New York Academy of Medicine, Dr. Charles Gordon Heyd brought home his message with these words: "It is utterly impossible to apply the conditions of medical practice in Soviet Russia to such a highly industrialized country as the United States."

... Which was precisely the conclusion reached by MEDICAL ECONOMICS in its critique last month of the book "Red Med-

High-Citrus Diet Reduces Gingivitis 83%, Caries 57%

Results of 3½-Year Clinical Study of 440 Children

	FIRST YEAR Standard Diet	SECOND YEAR Added Citrus Fruit	THIRD YEAR Standard Diet
GINGIVITIS, Incidence	74.9%	12.4%	60.3%
DENTAL CARIES, Incidence	78.0%	33.7%	83.4%

Results of Conclusive Clinical Nutritional Study Announced to the Professions in Exhaustive Monograph—with Natural-Color Photographs

GINGIVITIS was reduced more than four-fifths and dental caries more than one-half by adding a pint of fresh orange juice and the juice of a lemon to the individual diets of a large group of children who had been receiving a diet at least as good as that of the average American child.

These results were announced at the conclusion of a 3½-year study of 440 children at Mooseheart by The Sprague Memorial Institute, University of Chicago. They are published in "Diet and Dental Health" (University of Chicago Press).

Diets Described

The standard diet (see table) included a quart of milk, 1½ ounces of butter, a pound of vegetables, ½ pound of fruit and nearly one egg a day.

During the second period this daily diet was supplemented with two full-sized (8 oz.) glasses of fresh orange juice with the juice of half a lemon added.

During the third period the amount of fresh orange juice was reduced to three ounces a day. Dental disorders tended to reappear in their former intensity. *Three ounces did not suffice.*

Preliminary dental studies indicated the value of citrus fruits in the adequate diet. So the California Fruit Growers Exchange agreed to furnish

fruit and additional funds to guarantee completion of the work on an amplified scale. The Exchange also supplied color plates for the monograph, permitting the Special Advance (\$1) Edition to contain the identical illustrations of the regular \$4 edition.

Physicians: Send for Book

Physicians and Nutritionists, as well as Dentists, will find much of the clinical material in "Diet and Dental Health" directed to them. Tables give precise data, such as serum calcium, oral bacteriology, etc., on the children. This permits correlations for various purposes. The Mooseheart research is easily the most comprehensive clinical nutritional study of children on record. The offer of monographs at the advance sale price of one dollar expires March 1, 1934. An early return of the coupon and remittance is urged.

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icine" by Sir Arthur Newsholme and John A. Kingsbury.

Philadelphians Get Results!

The tremendous influence which militant medical groups can wield in shaping their own affairs is once more neatly illustrated. As a direct result of the efforts of the Philadelphia County Medical Society's committee on medical economics, the activities of the so-called Philadelphia Life and Health Extension Service have been curtailed by the state.

This company has been notified by the commissioner of insurance of the state of Pennsylvania that it comes under the direction and supervision of his department. Consequently, the Life and Health Extension Service is compelled to change its plan, providing medical service to its patients on the individual fee-per-visit basis.

That's translating talk into action!

"Cobbler, Stick to Your Last!"

"The average doctor may know little of service technique, but it is safe to say that the welfare worker knows even less of medicine," remarks the *New York Medical Week*, editorially. "In both fields there is an undeniable need of expert knowledge. Social service agencies could accomplish more by recognizing their limitations and sticking to their basic sphere."

Death for the Insane

Death for idiots and the incurably insane at the hand of the state was urged last month by

Dr. Cole Davis of Atlantic City, in an address before the local Rotary Club.

"We probably will not live to see the day, but it is coming," Dr. Davis said. "It will become necessary both to protect society and to ease the burden which is threatening eventually to swamp us. Incurables and idiots should be recommended for destruction by the superintendents of institutions after long observation, and with the consent of the families, and then examined by boards of psychiatrists."

The four hundred thousand patients in insane hospitals now cost the United States \$50,000,000 a year directly, and \$200,000,000 a year indirectly, according to Dr. Davis, who made the additional assertion that whereas statistics show that a few years ago the increase in the number of such patients was around 3,000 a year, it is now about 10,000.

More Graft in New York

An interesting list of "indigents" has been turned up in New York recently. A report of the Bronx County Medical Society charges that the city of New York was defrauded out of \$600,000 last year by patients who, though not entitled to it, received free treatment at city hospitals.

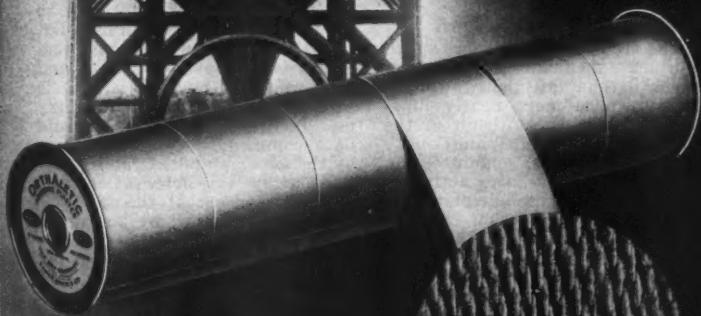
An investigation by a credit bureau of the financial conditions of 1,000 "charity" patients at Morrisania Hospital showed "innumerable cases of city employees, some drawing large salaries, and members of their families, receiving free treatment and free operations—from police-

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No medication of any kind in this palatable emulsion of Nujol, produced in response to physicians' requests. Its action is entirely mechanical. When you prescribe this lubri-

cation therapy for intestinal stasis, you can be sure of its uniformity and effectiveness. Its ingredients exceed U. S. P. requirements. Samples to physicians on request.

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Bridges years ago were built of wood. Today they are made of steel and cross-braced for strength.

Until now ordinary adhesive had to be good enough. Today, BAY'S ORTHALETIC Plaster represents a new development and a better product for orthopedic work.

Constructed of cross-woven fabric backing, it provides as does the steel girder to the bridge, both lateral and longitudinal strength. It is comfortable, exceptionally strong, stays put and is economical.

A generous sample, sufficient for back or ankle strapping, is yours for the asking. Just mail us the coupon.

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men at about \$3,000 a year to officials at \$7,000 to \$10,000, including members of the families of department heads."

The report asserted that only 58 per cent of the 1,000 patients thus investigated could establish clear claims to free treatment. Of the remaining number, 30 per cent are clearly not deserving of free hospitalization; 8 per cent, having given false addresses, were not within reach of the investigation; and 12 per cent were on the borderline between those able to pay for care and those unable to pay. Even one state senator is on this list of "chiselers."

Worth Reading

Among recent books worth a place in any doctor's general library is Logan Clendening's *Behind the Doctor* (Alfred A. Knopf, New York, \$3.75).

The fact that this volume comes from the pen of the man who wrote *The Human Body*, acclaimed by reviewers as the best thing of its kind yet published, and *The Care and Feeding of Adults*, hailed as a hilarious antidote to quacks, is your guarantee of sound scholarship and good writing.

Behind the Doctor is a sizeable affair of 450 pages, generously illustrated with photographs and drawings. A book "about all the doctors that ever lived," it follows the main stream of medical progress.

Like the author's other books, this one possesses the priceless quality of readability—no dull ponderous tome this, but a highly engaging piece of writing. Thanks in part to the deliberate employment of a fictional style in lieu of straight historical narrative, it is, happily, "more story than sermon."

The conclusion Dr. Clendening reaches, after spreading before us the panorama of medicine's glorious past, is that there is no limit to the accomplishments possible in the future.

Too Much Brotherly Love

Philadelphia may be the City of Brotherly Love, but, in the opinion of Mayor Moore, it has gone too far with its big-heartedness.

"It simply cannot last much longer," the Mayor told Philadelphia County Medical Society members at a recent gathering to consider the question of state medicine. "Free medical, dental, and hospital service is being demanded and received by many supposedly destitute who are, as a matter of fact, better dressed than I, and some of whom die and leave substantial estates to their relatives!"

Lay Logic

A story is going the rounds about a patient who walked into his doctor's office to get some advice.

After receiving it he looked a bit puzzled. "Doctor," he finally

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Solution in 10 cc ampoules
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this product is today one of the outstanding and most popular preparations.

MALTO-FERRO

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It has been estimated that 30% of the women today are anemic to a greater or less degree and suffer from weakness, languor, loss of appetite, headache, dizziness, etc. MALTO-FERRO has been developed especially to increase the Hemoglobin efficiently and quickly.

MALTO-FERRO contains a large amount of iron and ammonium citrate, combined with the phosphites which "remineralize" the rundown body. These minerals are incorporated with extract of Cod Liver Oil with Malt, which furnishes the body the power of absorbing the minerals by virtue of its vitamin content. This combination does not have any astringent effect to impair the gastric secretion or retard absorption.

May we suggest that you try MALTO-FERRO in your cases of secondary anemia of women and children because of its taste and tolerance. Think of it in malnutrition, convalescence and lowered resistance. We will gladly send you a free trial bottle for a clinical test.

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confided, "two dollars is all I have. If I give it to you I can't follow your advice. So I shall follow your advice, get your prescription filled and try to pay you later."

Birth Control Debated

Physicians and medical societies, no matter which side they take on such a highly controversial subject, have been eyeing closely the proposed legislation before the Seventy-third Congress, calling for amendment of the present federal birth control laws.

These amendments, commonly known as the "Doctors Only" bills, are Senate Bill 1842, sponsored by Senator D. O. Hastings of Delaware, and House Bill No. 5978, introduced by Representative Walter Pierce of Oregon.

They provide for the amendment of existing federal restrictions so as to legalize the sending or receiving of contraceptive information, instruments, and medicines between physicians and their patients, medical colleges and hospitals, and from physician supply houses and manufacturers.

The sponsors of the "Doctors Only" bills seek to place the responsibility for prescribing contraceptive action in the hands of the medical fraternity. They contend that this change in the statutes will greatly aid in the proper care of cardiac, tubercular and diabetic patients where pregnancy is contra-indicated and where conception would necessitate a therapeutic currettment.

As this is written, however, the House Judiciary Committee has

decided that enough birth control bickering has taken place for one season. Hearings have been discontinued and, for the time being at least, the bill is pigeon-holed.

Medical Code 2,000 Years Old

"For 2,000 years we have had a far better and more complete code of fair competition than any evolved under the NRA," writes Dr. Henry T. Kelly in the *Westchester* (N. Y.) *Medical Bulletin*.

"Our code works voluntarily. Were we to cast it aside and step into some NRA concoction, we should be trading the finest free-running harness in the world for a crude and stifling set of irons.

"We as a profession need not a code but a charter of rights. I submit that we could do nothing of greater benefit, both for our profession and for the public good, than to inform ourselves accurately and completely of the medical picture involved, draw up a set of basic reforms, then bend the full weight of our united society to realize them."

Teeth Pulled from Tugwell Bill

Tumult aroused by the proposed passage of the Tugwell food and drug bill has practically died down. In place of this measure Senator Copeland of New York has offered a revised bill which seems to possess a considerably better chance of acceptance than its predecessor.

In the Copeland bill, inference and ambiguity in defining offenses are avoided. Furthermore, the sweeping provision requiring full

An IMPROVED Duodenal Tube

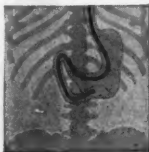
BY DR. TWISS

Dr. Twiss' new Duodenal Tube is a remarkable new tube with bucket and terminal swirl weight that easily guides the tube and bucket thru the pylorus into the duodenum. The slightly larger tubing used—which is also more elastic—tends to prevent looping in the stomach. The bucket slots allow free flow of fluid. Concavity prevents adherence to visceral walls.

See it at all ethical surgical supply dealers! \$3.50

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A TEASPOONFUL by the measure —three minutes by the clock, is the efficiency story of Cal-Bis-Ma in gastric neutralization. Sodium bicarbonate and magnesium carbonate for quick neutralization, calcium carbonate and bismuth for prolonged action.

And, in addition, *colloidal kaolin* to supplement the bismuth salts for soothing and protecting the irritated mucous membrane, and to adsorb gases that may form in the stomach. Well adapted for the alkaline treatment of gastric ulcer.

In nausea of pregnancy exceptionally good reports are being received.

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formulae disclosures for all proprietary drugs is omitted.

Social Insurance in France

Dr. Alexander Bruno, director of the Saranac Village Sanatorium of the French Alps, at Chamonix, and founder of the American Medical Center, of Paris, has gone back to France after a tour of the United States in which he visited the more important medical centers. Like most visitors to our shores, before leaving us he imparted to the press his views on the state of the nation.

"There is no question that some plan of social insurance will be adopted in the United States," says Dr. Bruno. "The medical profession should recognize the inevitability of such a development, and should cooperate with the authorities in the various states to work out a satisfactory plan."

Speaking of the French scheme of social insurance, adopted five years ago, Dr. Bruno said, "The social insurance law in France was passed as a solution for the problem of the cost of medical care for both physicians and patients. It is not state medicine, but the state forces both employers and employees to contribute a certain percentage of their salaries each year, the law applying to those who earn \$1,500 a year or less.

"The fund is administered by a special body—the National Commission for Social Insurance—appointed by the president of the republic and composed of non-politicians. The state acts as banker, collecting and dispensing the fund, while the medical work is left entirely in the hands of the physicians."

Compensation Reforms Urged

Sweeping reforms in the conduct of industrial medicine in New York State are on the way if the recommendations of the governor's "Committee of Physicians," appointed to investigate

charges of general corruption and inefficiency in the handling of workmen's compensation cases, become law.

Concentration of this work in low-grade commercial clinics, and unwarranted "lifting" of cases from competent private practitioners, are the two elements most severely condemned. It is proposed that these be eliminated by allowing each patient practically free choice of physician, and by providing penalties for "case lifting."

"The present law has not worked for the benefit of the working man," reports the committee. "He often fails to obtain adequate medical care. Racketeering has become notorious. Unscrupulous and inefficient industrial clinics are able to conspire within the law with unscrupulous employers and insurance carriers to obtain for themselves by means of rebates the privilege of treating injured workmen."

Besides reporting abuses, the committee made positive recommendations, chief among which was that physicians be enrolled for compensation work by the various county medical societies in the state. It was urged, too, that the injured worker be given the right to choose any enrolled physician, in order to prevent collusion between employers and insurance companies and physicians.

Socialization in the Spotlight

Speaking before the Forum Club of Middletown, N. Y., Dr. Solomon Kleiner discussed the advantages and the disadvantages of socialized medicine.

From the doctor's point of view, he explained, the chief advantage is that socialization would provide for clinics and health insurance and for taxation for the support of physicians, so that they could afford all patients similar treatment, regardless of their financial status.

[Turn the page]

a FOUGERA



PREPARATION

IN THE DERMATOSES

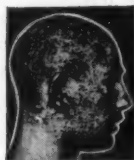
the eczemas—diaper rash—scabies—pruritus—impetigo

INOTON (DEBAT)

offers "patient relief" with "patient satisfaction"

DEVELOPED by Debat, former chief Dermatological Laboratory, St. Antoine Hospital, Paris, and in general charge of burn cases in the French Medical Service during the World War. It has had wide clinical usage.

THE Debat method combines two preparations—Inoton Ointment and Inoton Powder, each supplementing the other. Together they soothe and assist healing (no destruction of tissue). Debat has worked out clinically, a careful system for the use of Inoton in various dermatoses which may be followed or varied to suit the medications of the case.



Eczematous Impetigo before treatment with Inoton.



After treatment with Inoton.

KKNOWN formula—R packages with slip labels—Ointment in 50 gm. tubes and 500 gm. jars; Powder in 4 oz. containers—Never exploited to the laity. Your request for a sample will receive prompt attention.

E. FOUGERA & CO., Inc.

Department E1

Manufacturers and Importers of British and French Medicinals since 1849



75 VARICK STREET

NEW YORK, N. Y.

On the other hand, he stressed heavily the inevitable loss of personal ambition and independence, the certain political graft, and the strong likelihood of encouraging sickness and complaints among persons inclined to take advantage of free medical service.

CWA Examination

John Smith, Mayor of Detroit, speaking recently before the Wayne County Medical Society, made a suggestion that should be of interest to the profession at large.

Said he: "Another feature which might be suggested to Administrator Hopkins . . . is that employees working on CWA projects, if injured in the performance of their duties, should be entitled to medical, surgical, and hospital care and to compensation benefits similar to those provided by the United States Employees' Compensation Act of 1916.

"I feel that a health examination of all employees at this time will protect the government against maligners of the future. That will be a saving to the taxpayers that you physicians can make. The doctor should be paid for this service, a service which will save millions of dollars for the government."

Midwives Supported

Probably as an aftermath of the New York Academy of Medicine's report criticizing the tremendous number of "unwarranted maternal deaths" (see De-

cember MEDICAL ECONOMICS, page 53), 500 leaders in civic, educational, and medical fields met in New York last month to discuss ways and means to "make motherhood safe for mothers."

Dr. Louis I. Dublin, Metropolitan Life Insurance Company statistician, said the core of the problem lay in the economic condition of the expectant mother. Accordingly, he pointed out, midwives "should be accepted, not merely tolerated. The majority at the present time are competent, and others can be made so."

Noting that the average poor woman can not pay more than \$30 or \$40 for all the care needed to bring a baby into the world, Dr. Dublin declared it was unfair to expect the doctor to handle the case for that fee.

Miss Mary Beard, associate director of the Rockefeller Foundation, disagreed with Dr. Dublin's assertion that all midwives could be properly trained. Pointing to the Academy's report, which revealed only about one third as being competent, she urged the establishment of a midwife control board, subjecting midwives to rigid examination.

Sued for \$100,000

Malpractice damages to the tune of \$100,000 are now being sued for by a Washington (D.C.) woman.

With this as a reminder, isn't it about time to check over that malpractice policy tucked away in the desk drawer?

[Turn the page]

CREAM of NUJOL

No medication of any kind in this palatable emulsion of Nujol, produced in response to physicians' requests. Its action is entirely mechanical. When you prescribe this lubri-

cation therapy for intestinal stasis, you can be sure of its uniformity and effectiveness. Its ingredients exceed U. S. P. requirements. Samples to physicians on request.

STANCO INCORPORATED, 2 Park Avenue, New York City

A useful reconstructive for those cases in YOUR practice which require general building-up in late winter and early spring . . .

ANGIER'S EMULSION

Back in the days of hoop skirts and horse cars, they used to call it "Spring Fever." Whatever name it goes by, the fact remains that every doctor has his quota of patients at this time of year and during the next two months, whose only symptoms are lowered resistance and a general run-down feeling.

In such cases Angier's Emulsion, prescribed plain, or in hot water or milk, is an unsurpassed reconstructive. Angier's contains calcium, sodium and phosphorus salts, in a perfectly emulsified mineral oil base which exerts a healing and antifermentative effect throughout the entire digestive tract. It induces natural elimination and is a positive builder of resistance.

Angier's Emulsion is the ideal prescription for patients convalescing from winter ills—from Coughs, Colds, Bronchitis, Grippe and respiratory ailments of acute nature.

Samples gladly sent on request

**ANGIER CHEMICAL
COMPANY**

Boston . . . Mass.



Relief Plan Rewards M.D.'s

\$30,000 a month is the sum now being collected by physicians working under New Jersey's medical relief plan, it has been learned from an authoritative source. A full report covering this plan appeared in the November issue of **MEDICAL ECONOMICS**.

Can there be any doubt, in view of this, about the ability of physicians to go after what is rightfully theirs, and *get it*?

Lone Star Statistics

With the admission of Texas to the United States' death registration area, the country now has complete death records for the first time. In 1902, when the Census Bureau first began to gather vital statistics, ten states and the District of Columbia comprised the death registration area. As yet, Texas is not included in the birth registration area. When the Lone Star state falls in line on this count also, as it is hoped it will before long, the United States' vital statistics figures will embrace the entire nation.

Not Enough Doctors?

Efforts to reduce the number of medical students are ill-advised. That is what Dr. William J. Mayo recently told a combined meeting

of four county medical societies at Topeka, Kansas.

Referring to the enormous number of people still dependent upon cults, untrained and irregular practitioners, and patent medicine, he declared:

"The development of medical education should be based on improving the qualifications of the medical practitioner to meet more fully the responsibilities to the sick rather than having its first object the reduction of the number of physicians."

Unfair Competition in Ohio

If staff members of tax-supported institutions in Cincinnati are going to continue to compete in private practice with other doctors, stresses the Cincinnati Academy of Medicine in a set of resolutions recently referred to city officials, they certainly should not be furnished with free offices, telephones, secretaries, and X-ray and laboratory facilities, at public expense.

The Board of Trustees and the City Council are faced squarely with the demand that staff members of the General Hospital and of the Medical School of the University of Cincinnati be prohibited from carrying on private practice, except on the same terms as other Cincinnati physicians.

Their decision, naturally, cannot fail to be of significance to the profession at large.

Collect for those Emergency Cases!

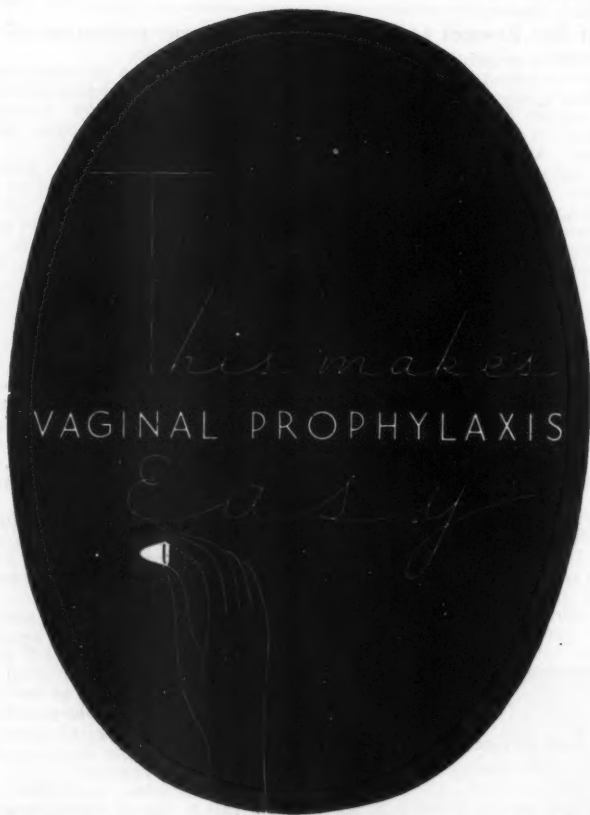
[Continued from page 47]

and address of the man who came to my house that night and requested me to go and see the sick woman, I could hold him responsi-

ble for my fee. Since neither the woman herself nor her husband requested my services, I cannot hold either of them liable for it."

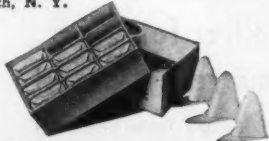
"Tell me this, doctor, inquired the lawyer, "have you often experienced this sort of thing during the years of your practice?"

"I can't say that I have, but I know other doctors who have. A friend of mine, a surgeon, was



Norforms meet the need for a convenient, easily applied, yet effective vaginal antiseptic. The active ingredients include *Parahydrecin*, a powerful, non-irritating antiseptic, and are in a carefully prepared base which melts quickly at body temperature, and remains in prolonged contact with the tissues.

In treating such conditions as leucorrhea, vaginitis and cervicitis, many physicians find Norforms of great value. Packages of 12 in a box, in stock or available at drug stores everywhere. Samples free to physicians upon request. The Norwich Pharmacal Company, Box M.E. 2, Norwich, N. Y.



NORFORMS Now Foil-Wrapped
for Protection.

attracted by a crowd in the street not long ago, gathered around a prostrate man. Making his way to the spot, the surgeon made a hasty superficial examination of the man. He recognized his condition as caused by a ruptured gastric ulcer. Immediately he rushed him to a hospital with which he was affiliated.

"There he operated upon him, undoubtedly saving the man's life. But though he paid his hospital bill each week during his stay, the patient flatly refused to pay the surgeon. I told my friend that it was useless for him to sue the fellow. I reminded him that since he had volunteered his services he had no chance in court, and might as well forget it."

"Well, well!" exclaimed the counselor, with a smile. "A little knowledge is a dangerous thing. Dr. Adams, your surgeon friend *could* have collected in full for that operation. Furthermore, you can recover for your emergency call. Frankly, both you and your friend would be considerably ahead in the game had you never heard those lectures in medical jurisprudence when you were in college! For there is as much a contract in the cases that you have detailed to me as though you had verbal understandings or a written contract."

"I had a contract? I don't see how that can be, Brown."

"Perhaps I can convince you. You occasionally ride on the bus, don't you? When you board the bus do you draw up a written contract of transportation? Do you say to the conductor, 'Will you take me as far as Maple Street, if I pay my dime?' Of course not! The notion is ridiculous."

"It is understood that if you pay your fare the bus company is bound to transport you to your destination, provided it is within the limits of the particular route. Neither do you enter into a writ-

ANNOUNCING PINEOLEUM with EPHEDRINE



● Oil solutions are constantly being recommended and used by physicians in the treatment of common colds. And Pineoleum, because of its pure and soothing oils, has been a favorite for years.

The addition of 1/2% Ephedrine greatly increases Pineoleum's effectiveness. The two new forms, Pineoleum with Ephedrine, in a sealed 30 c.c. Dropper Bottle, and the convenient Pineoleum Ephedrine Jelly, in handy nasal applicator tube, suggest supplementary home treatments of absolute safety in getting at the seat of infection—the nose and upper nasal passage.

PINEOLEUM

Reg. U. S. Pat. Off.

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Please send samples of Pineoleum and Pineoleum with Ephedrine.

Name.....

Address.....

Strained Foods With Vitamins Highly Retained

Introduced only after years of research, Heinz strained foods assure efficient retention of vitamin and mineral content

"IT IS most logical", said a physician, prominent in his profession, "that the House of Heinz should assume leadership in the preparation of strained vegetables and fruits for the dietary needs of infants, pregnant patients, nursing mothers and convalescents."

His remark was prompted by the common knowledge that Heinz food products, before they are introduced to the public, must conform with the requirements of the Heinz Quality Control Jury. They must be better, from every standpoint, than similar products available.

Impartial tests show that Heinz strained foods contain far higher mineral and vitamin value than do ordinary home-prepared strained foods.

Prize vegetables, grown under strict Heinz supervision, are processed a short time after they are harvested. Prepared in small batches, they are quickly cooked under direct low pressure dry steam, then finely sieved, in

an atmosphere of steam, sterilized and packed, under vacuum, into enamel-lined tins of heavy gauge. No air reaches them throughout the process.

Thus Heinz Strained Foods

1 Retain their original mineral content, and, in large measure, their vitamin values. 2 Are extra heavy in consistency. They go farther. 3 Have excellent flavor and color, because of their freshness. 4 Are fully digestible, because thoroughly cooked. 5 Provide bulk without roughness, because finely sieved.

Comparative tests of Heinz strained foods by members of the nursing profession, are welcomed. To facilitate your tests we shall be glad to send you, without obligation, a full size can of the variety you prefer. A letter from you will bring it to you. Address H. J. Heinz Company, Department ME 102, Pittsburgh, Pa.



THE NUTRITIVE VALUE OF HEINZ STRAINED VEGETABLES										
	Spinach	Carrots	Peas	Green Beans	Vegetable Soup	Beets	Tomatoes	Potatoes		
ANALYSIS										
Total Solids	4.3	8.5	15.7	7.5	11.7	30.5	32.0	16.0		
Proteins (N x 6.25)	2.2	1.0	4.8	3.3	1.8	5.5	3.1	1.1		
Fat	0.1	0.2	0.5	0.2	0.1	0.1	0.2	0.2		
Total Carbohydrates	1.5	5.7	8.8	3.8	8.7	7.5	8.5	12.2		
Total Sugars	none	4.9	2.9	2.0	1.9	5.2	7.3	10.1		
Gross Fiber	0.7	0.8	1.0	0.8	0.4	0.8	0.4	0.8		
Ash	1.4	0.8	0.6	0.5	0.7	0.8	1.1	0.7		
Calcium	0.057	0.030	0.042	0.028	0.036	0.077	0.033	0.033		
Phosphorus	0.038	0.028	0.041	0.031	0.025	0.071	0.030	0.032		
Iron	0.008	0.008	0.008	0.008	0.008	0.008	0.008	0.008		
ENERGY VALUE										
Calories per ounce	5.4	8.0	17.0	7.2	12.2	30.4	31.6	16.0		
Calories per 100 grams	19	28	59	25	43	42	41	58		
VITAMIN CONTENT										
Vitamin A	very good	very good	good	good	very good	fair	very good	good		
Vitamin B	good	good	very good	fair	good	fair	very good	fair		
Vitamin C	good	fair	good	fair	good	poor	poor	very good		
Vitamin G	good	fair	fair	good	good	fair	good	good		



● Heinz strained vegetables are not seasoned in any way. The label instructs mothers to ask their physicians whether or not to add seasoning.

HEINZ Strained Foods

A GROUP OF THE 57 VARIETIES

ten or oral contract with the bus company holding it liable should the driver, whom you may not even see, operate his bus carelessly that you are injured.

"You do not make such contracts for the simple reason that they need not be made. They are fully implied by existing law.

"To go further with examples, when you go into a cafeteria for your lunch, do you go over to the counter and say to the waiter, 'I will give you fifteen cents for a sandwich.'? Certainly not! Your mere taking of the sandwich causes a contract to come into existence. As soon as he hands it to you, the law implies that you will pay for it.

"Now, with regard to your night call, it is true that you couldn't make a contract with the woman while she was unconscious. Nevertheless, the law holds that she or her husband are liable upon a different theory: that of *quasi contract*. This law exists to prevent her from being unjustly enriched. To be sure, you can not recover any fee that you may demand, but only reasonable value of your services."

"I am learning something!" exclaimed Dr. Adams. I certainly did my friends no kindness by acting as their attorney. I have heard of written and oral contracts, but this is the first time anyone has ever told me about *implied contracts*."

"Well, there are still other kinds of contracts. Let me tell you of a case that has just been reported in the *Law Journal*, the decision being rendered by the highest court in New York State:

"John C. Agnew appeared at one of our charitable hospitals in quest of treatment for a urinary condition. The investigation of the admission clerk at the clinic was very meager, and he was classed as an out-patient.

"He was advised that he was in need of a prostatectomy. He

Drucker's REVELATION TOOTH POWDER

DOCTOR: We want you to accept a full size package gratis. You will then know at first hand that this grit-free dentifrice removes film and prevents formation of tartar; never harming teeth surfaces, nor gum tissues. Please send card or professional stationery.

August E. Drucker Co.

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in SINUSITIS



Positively
evacuates the sinuses, cleanses and soothes the entire nasal tract, and by the production of a hyperemia lends tone and strength to the mucosa. Rhinologists have accomplished this safely and easily for fifteen years with

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NASAL SYPHON**

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144 E. 34th St., N. Y. C.

attach prescription blank. Send information about Syphon and sample Nichols Syphon Powder. Dr.....

S.M.A. The Antirachitic Breast Milk Adaptation

SO SIMPLE

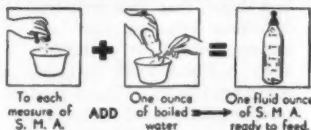
that even Mrs.*can prepare it properly.

SO SIMPLE

that Mrs. will thank you for sparing her much worry and trouble.

(* No doubt you can supply names from your practice.)

ANYONE CAN FOLLOW THESE SIMPLE INSTRUCTIONS



This proportion remains unchanged. As the infant grows older you merely increase the quantity as with breast milk. (See table below.)

SAVES PHYSICIAN'S TIME TOO

S. M. A. is simple to prescribe. The physician is relieved of exacting detail because he has only to increase the *amount* of S. M. A. (as with breast milk) when in his judgment it becomes necessary. The accompanying chart suggests average amounts.

The physician's time is also saved because the chances are good for excellent results under his skilled supervision.

SUGGESTED FEEDING TABLE

Infant	Total Quantity In 24 Hours In Ounces	No. of Feedings	Quantity per Feeding In Ounces
2 days	1 to 2 1/2	2 to 3	1/2 to 1
3 days	2 1/2 to 3	3 to 4	1/2 to 1 1/2
4 days	3 to 4	4 to 5	1 to 1 1/2
5 days	4 to 5	5 to 7	1 to 2
6 days	5 to 6	5 to 7	1 1/2 to 2 1/2
7 days	6 to 7	5 to 7	2 to 3
2 weeks	15 to 17 1/2	5 to 7	2 to 3 1/2
4 weeks	17 1/2 to 20	5 to 7	2 1/2 to 4
6 weeks	20 to 22 1/2	5 to 7	3 to 4 1/2
2 months	22 1/2 to 25	5 to 6	3 1/2 to 5
2 1/2 months	25 to 27 1/2	5 to 6	4 to 5 1/2
3 months	27 1/2 to 30	5	5 1/2 to 6
3 1/2 months	30 to 32 1/2	5	6 to 6 1/2
4 months	32 1/2 to 35	5	6 1/2 to 7
5 months	35 to 37 1/2	5	6 1/2 to 7 1/2
6 months	37 1/2 to 40	5 to 6	6 1/2 to 10

to 7 Moos. At this age it is customary to add soups and vegetables to the diet, especially spinach.

* These quantities refer to fluid ounces of S. M. A. diluted according to directions.

TIME SCHEDULE

7 feedings: 6, 9, 12, 3, 6, 9 and once during night.
6 feedings: 6, 9, 12, 3, 6 and 9 or later.
5 feedings: 6, 10, 2, 6, 10 and 2.
5 feedings: 6, 10, 2, 6 and 10 or later.
5 feedings: 6, 9, 12, 3 and 6 or later.

NUMBER OF FEEDINGS IN 24 HOURS.

The number of feedings in 24 hours should likewise be the same as those allowed breast-fed infants; generally stated not more than seven and not less than five. However, when the infant reaches the age of 6 to 7 months, it is customary to replace one of the feedings with an 8 ounce meal of farina broth soup.

S. M. A. RESEMBLES BREAST MILK

S. M. A. is a food for infants—derived from tuberculin tested cows' milk, the fat of which is replaced by animal and vegetable fats including biologically-tested cod liver oil; with the addition of milk sugar, potassium chloride, and salts; altogether forming an *antirachitic food*. When diluted according to directions, it is *essentially similar to human milk* in percentages of protein, fat, carbohydrates and ash, in chemical constants of the fat and in physical properties.

ETHICAL OF COURSE

If babies were all alike, it might not be quite so necessary to have a physician plan and supervise feedings. However, from the very beginning every package of S. M. A. has carried these instructions prominently on the label: "Use only on order and under supervision of a licensed physician. He will give you instructions."



S. M. A. CORPORATION
CLEVELAND, OHIO

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S. M. A. PRODUCES RESULTS - MORE SIMPLY, MORE QUICKLY

struggled along without operative treatment for six months, until finally his condition became such that he was compelled to go back to the hospital for the operation.

"When Agnew returned six months later, he was already on record as an out-patient, so that the matter of the surgeon's recompense was not mentioned at all. He died as a result of the shock of the operation, and a month later the hospital learned that Agnew had left over \$400,000 in real estate and securities.

"The two surgeons who had operated upon the deceased immediately sent in a bill to the executors of the Agnew estate. The Security Trust Company appeared as the defendant and claimed that, since Agnew was operated upon at a charitable institution, the plaintiff had no right to recover; that there was no contract between the surgeons and the deceased for a fee for the operation; that it was

up to the institution to make direct inquiry as to his financial status...

"The attorney for the doctor charged that the staff surgeons operated upon the deceased under the mistaken notion that Agnew was unable to pay for such surgical services, relying upon his classification as an out-patient; so the claimant surgeons were induced to render him valuable services which they would not have done had they known the real state of the case.

"The deceased having received valuable surgical service, the highest court ruled that, in equity and good conscience, his executors should compensate the surgeons." (132 Misc. Rec. 466)

"I should say that sounds like a rather doubtful case," Dr. Adams interposed.

"That may be," returned the lawyer. "Nevertheless, that is now the law of New York State."

"Well, Brown, now that you have convinced me that I can re-

IN IODINE THERAPY—

R_x Syrupus Acidi Hydriodici

(GARDNER)

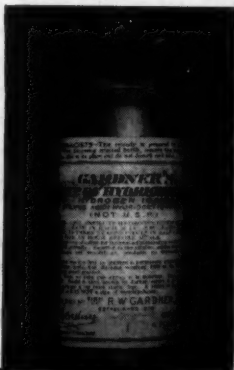
To insure the genuine product, developed by Robert W. Gardner in 1878, specify "GARDNER" in original 4 and 8 oz. bottles.

Gardner's Syrup of Hydriodic Acid contains 6.66 gr. of pure resublimed iodine in each fluid ounce. Indications include bronchitis, influenza, pneumonia, glandular enlargements, rheumatism, high blood pressure.

Samples and Literature sent free
to physicians upon request.

Firm of R. W. GARDNER

Orange · Established 1878 · New Jersey



In response to the insistant demand for a small adequate instrument for Tonsil Coagulation we have produced and now present to the medical profession the

COMPREX COAGULATOR



Electrosurgical removal of the tonsils is especially indicated for your poor surgical risks, elderly patients and for children where surgical shock or fear is to be avoided. Many tonsilectomies are now being postponed through fear of working time lost by the patient. Heretofore many practitioners have been unable to take advantage of this method due to the high initial cost of diathermy equipment. So we have produced this coagulating and fulgurating instrument, designed especially for office use.

With the use of this Complex Coagulator you can now assure your patients that no time will be lost from their work. The increased income accruing to you through these *extra* office jobs will soon pay for this surprisingly low priced equipment.

It will be found that this equipment is suitable for shrinkage of turbinates and fulguration of nasal polyps, treatment of cervical disorders and all applications of high frequency current in minor office procedures.

COMPREX COAGULATOR,
complete in black carrying case,
with footswitch and
cord handle **\$100.00**

Set of interchangeable tonsil
and turbinate
electrodes **\$20.50**

*Technique furnished with each
coagulator*

COMPREX COAGULATOR CORPORATION

450 Whitlock Ave., New York, U.S.A.

FREDERICK C. WAPPLER, President

cover the reasonable value of my services for that night emergency call, what are my rights against the fire department for damaging my automobile?"

"That situation is something quite different," the lawyer replied. "I am afraid that you can not recover a cent. You see, Doctor, the duty of the fire department is considered not a city function, but a state function. Since each state is sovereign, you can not sue it without its consent.

"In the operation of its fire department, the city is exercising a governmental function. It is, therefore, not subject to suit for any damages incurred by third persons in its execution.

"So, you see, I can't give you any comfort with regard to your ruined automobile. However, remember and pass the fact along to your friends that emergency medical services decidedly need not be gratis, provided your patient has the means with which to pay you."

Mexico's Medical Syndicates

[Continued from page 25]

ployer—these are the benefits that have been provided for the members of duly-recognized and registered syndicates.

It was in order to make themselves eligible to these same benefits that the majority of Mexican physicians determined some time ago to disregard the ultra-conservatives in their ranks. Action is what they wanted and action is what they got.

Then, too, the various scattered elements of the medical profession for a long time felt the need of presenting a united front to the public. They hoped to impress

the lawmakers also, with a view to a possible revision of existing laws the better to safeguard medical interests. Hence the formation of the medical syndicates.

Physicians in the city of Tampico were the first to pioneer in the forming of such an organization. Their main task was to overcome traditional prejudice against the plan.

Following their lead, the doctors of Pachuca, Puebla, Vera Cruz, Toluca, Sinaloa, Jalisco and San Luis Potosi formed syndicates to such an extent that today the majority of medical groups in the Republic of Mexico have adopted the syndicate form of organization.

In the beginning, these individual groups limited their influence to their respective sections. In time, however, it was determined to link all their activities into an organization which would include the entire Mexican medical profession.

This decision culminated in the establishment of the Confederation of Medical Syndicates of Mexico. Thus far it has held four congresses, with delegates from all parts of the Republic.

In the Federal District, comprising Mexico City and its suburbs, serious obstacles had to be overcome before this novel idea could be accepted. The vested interests in the medical profession, which had already settled their own economic problems, looked upon the new group and its plan of action with utter scorn.

The more conservative, who wanted to maintain the sacred dust of bygone times, became indignant against a form of organization which would tarnish, as they thought, an aristocratic caste. Super-ethical professionals shuddered with horror at the sound of the word "syndicate." The indifferent passively shrugged their shoulders.

On the other hand, the younger generation of physicians every-

MEDICAL PHOTOGRAPHY IN NATURAL COLORS

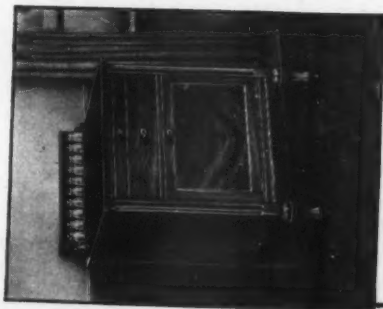
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If interested in photography, professionally or otherwise, ask for a copy of *The Agfa Ansco News*.

Agfa Ansco films, papers, and supplies offer many advantages to scientific workers. Correspondence invited. Address:

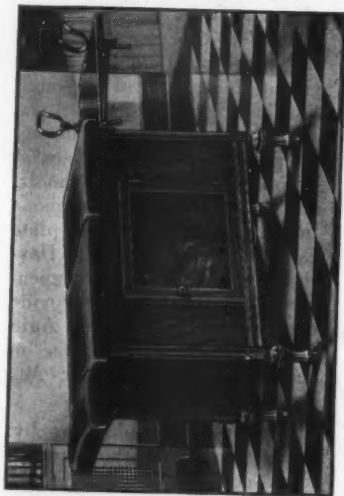
**AGFA ANSCO
CORPORATION**
BINGHAMTON, NEW YORK





TREATMENT
CABINET NO. 9402

\$58.50



EXAMINING TABLE NO. 9455

\$74.00

HAMILTON MODERN MEDICAL FURNITURE

At Economy Prices

You can now equip your office attractively and in modern style at a very moderate cost. This new line of Physicians Furniture is equal in quality to Hamilton's best furniture, although not quite so large or elaborate in detail. Made of American Walnut with burl front panels and hand rub finish.

Prices Slightly Higher on Pacific Coast

**HAMILTON MANUFACTURING CO.
TWO RIVERS, WISCONSIN**



INSTRUMENT
CABINET NO. 9411

\$73.00

HAMILTON MFG. CO., Two Rivers, Wis.
Please send New Hamilton Catalog—M.E.

Name

Address

City..... State.....

where rushed to enlist in the new organization.

Within its first few months of existence, it has already demonstrated its usefulness in safeguarding the interests of the medical profession. For, although the state neglected to include professional people in the labor law, it is evident, in accordance with the spirit of that law, that the Syndicate in Mexico is the only form under which an association may acquire a legal personality.

The Medical Syndicate of the Federal District has already made great strides. It has taken over the old headquarters of the A.M.M., along with 500 of its former 800 members. Some dissenters, clinging to old traditions, are still grouped together under the old name. Between these doctors and the Syndicalists, enmity is open and bitter.

So wide has grown the breach that Syndicate physicians were recently urged in an official bulletin to refuse even professional cooperation with non-members.

"Professional Solidarity"—This

is the motto which the medical syndicate has endeavored to bring to its full realization. In this connection, its relations with all the individual syndical groups of the Republic as well as with foreign syndicates, such as those of Cuba, Barcelona, Paris, and Rodano, are extremely cordial, providing a remarkable example of international fellowship.

Thus, for the first time, the guild spirit has developed among the physicians of Mexico as a direct result of their search for a way out of their economic difficulties.

When the medical fraternity of the whole Mexican Republic unites into a single group, or better still, when the idea of a "Pan-American Syndical Confederation" is realized, the state will have to take physicians into consideration. It must then recognize that their claims are not advanced because of narrow professional or class interests, after all, but in accord with the idea of the greater welfare of society at large.

Toward this end the majority of Mexican doctors are now striving.

Income Taxes

[Continued from page 49]

under any of the following headings:

(1) Office rent and office maintenance

This entire expense is deductible, provided that the office is used for professional purposes

exclusively. In the combination office and residence, only that proportion of rental and upkeep of the premises fairly attributable to professional expenses may be deducted. Under the heading of office maintenance come the usual overhead factors of light, heat, telephone, and service of janitor or other attendants.

(2) Supplies

Figure up here the cost of all expendable supplies, things used

BROMO ADONIS

THE BROMIDE OF GREATER TOLERANCE, GREATER POTENCY, WIDER USEFULNESS.

Bromo Adonis No. 1...in nervous indigestion, hysteria, insomnia, etc. Bromo Adonis No. 2...when a more lasting sedation is indicated, as in chronic idiopathic epileptic cases.

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Pseudo-facts fly thick and fast when the go-cart brigade assembles in the park . . .

Soon Mrs. Neighbor gets going full tilt on her favorite theories of infant feeding, and—well, it's just one more time when a baby's best friend is his doctor! For only a physician's advice—plus his explicit formula—can protect a youngster from haphazard, park-bench prescriptions.

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Borden's Evaporated Milk fulfills

the strictest medical requirements for infant feeding. The raw milk is carefully chosen. And every step in its preparation is under constant laboratory control.

May we send you a simple, compact infant feeding formulary—and other literature which you will, we believe, also find helpful? Address The Borden Company, Dept ME-24, 350 Madison Avenue, New York.

Borden's Evaporated Milk was the first evaporated milk for infant feeding to be submitted to the American Medical Association Committee on Foods, and the first to receive the seal of acceptance.



Borden's
EVAPORATED MILK

up in carrying on of professional activities; drugs, chemicals, dressings, minor equipment—in short, anything not of such continuing value over a number of years as to warrant its being considered as a capital expenditure.

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On your automobile, your office furniture, your instruments, your reference library, and the like, you may charge off amounts representing the lessened value because of the last year's wear, damage, or added degree of obsolescence. Properly figured, the total of the annual amounts thus charged off and the salvage value at any time should equal the purchase price of the article.

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(6) *Miscellaneous deductible expenses*

(a) Medical society dues,

(b) Travelling expenses incurred in the interests of patients or in attending professional meetings, including transportation, meals and lodging.


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(d) Insurance premiums—sums paid for fire and theft, automobile liability, and malpractice insurance.


(e) Legal expense—the cost of defending suits for malpractice.

When you have thus determined


Protects!



Recent experimental studies indicate that Cod Liver Oil may be an aid toward the establishment of resistance of the body to infections in general. The pleasant flavor of Nason's makes it easy for every patient, young and old, to enjoy its full benefits.



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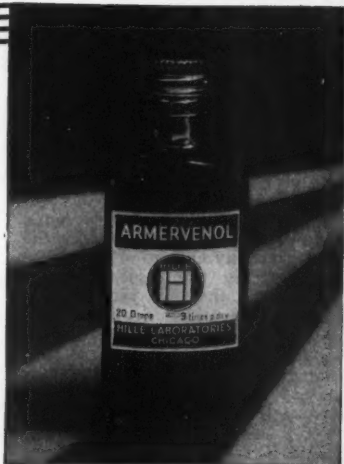
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40 Cases
of
PNEUMONIA
*made a quick
recovery . . .
with*



ARMERVENOL

"WHEN I have often seen the course of pneumonia prolonged to ten days or two weeks; when I have seen 20 to 25 percent of the patients die, even under the best of care; and then see forty cases with but two deaths, with most of the cases running their entire course in less than a week, it compels me to believe that we have, in ARMERVENOL, a very valuable adjunct in the treatment of pneumonia."

AMERVENOL is a colloidal solution of the sulphides of arsenic-mercury-copper in combination. Non-irritant, non-toxic in effective dosage... does not disturb digestion... is readily assimilated... and among other conditions, can be used to great advantage in coryza, bronchitis, tonsillitis, lagrippe, etc.

We also manufacture, for physicians use, MERVENOL, colloidal mercury-copper-sulphide for use where arsenic is contra-indicated.



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(colloidal silver chloride compound) in a council-accepted Hille product: eminently effective in Gonorrhea.

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your net income (gross income minus deductible expense items), it is then easy to compute how you must pay Uncle Sam. On the first \$4,000 you pay 4 per cent; on the remainder, 8 per cent.

How Much Should You Reinvest?

[Continued from page 13]

findings, or you presently found yourself on the outside looking in.

There is a certain internationally known specialist of my acquaintance who is, to me and to those who understand what he is doing, a veritable medical magician. To make further statements about him would be to identify him, which I am sure would not appeal to this really modest man.

The point is: that he makes a large reinvestment in himself, reserving perhaps two hours a day for his private practice. I have never heard that he was a man of wealth, except in wealth of knowledge, wealth of patients' appreciation, and wealth of results.

Such an investment of time is, obviously, too much to ask of the general practitioner. It assumes, furthermore, a man's ability to

control his own time to no small extent, a thing also apparently beyond the control of the private practitioner.

Let us consider another physician, one of the most broadly educated men in his profession. He can converse with ease upon the intricacies and fine points of many specialties. His clinic is really a very famous one, perhaps the outstanding one of its kind. Again, I am sure, another modest man would prefer not to be identifiable.

This man has a definitely organized reading program. One year he devotes to one specialty, not excluding general reading as well. The next year, his investigations delve deeply into another field. Each year adds to the sum total of his professional knowledge.

An organized reading program! That to me is most important.

I believe in browsing. Some of the most useful facts I have ever found have been those I stumbled upon as I picked up a medical magazine for a rapid glance through it or raced through a standard or new medical text to see what it had to offer me. There is, you know, an art of reading, not easily acquired.

You can not get anywhere to-



Three advantages

mark the new design point now being placed on all B-D Needles.

1. It is stronger—the weight is behind the point, overcoming largely a tendency to burr and curl.
2. It penetrates with minimum discomfort—dilating the skin.
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Gauge numbers are now stamped on all B-D Needles—a great convenience.

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RESULTS

WHILE Gastric Mucin has been in use only a few years, and only recently has been made available to the general practitioner on prescription, the clinical results reported suggest that it has a definite value.

The Committee on Gastric Mucin of the Northwestern University Medical School have obtained the following results from three separate Chicago hospitals and from a questionnaire report of other clinicians.

	<i>Clinic A</i> (1)	<i>Clinic B</i> (2)	<i>Clinic C</i> (3)	<i>Questionnaire</i> (4)	<i>Total</i>	<i>Per Cent</i>
Cases Treated	156	238	206	555	1,155	
Complete Relief of Symptoms	143	175	151	348	817	70.7%
Partial Relief of Symptoms	6	43	23	114	186	16.1%
Failures and Recurrences	7	20	32	93	152	13.2%

The purity and uniformity of Gastric Mucin (Stearns) are backed by years of experience in the preparation of physiological and biological therapeutic agents. Every batch is carefully assayed by the Gastric Mucin Committee of Northwestern University Medical School.

DOSE 80 to 100 gm. per day divided into five or more doses. Most conveniently administered in milk and cream. Literature containing tasty recipes sent to physicians on request.

FREDERICK STEARNS & COMPANY
DETROIT, MICHIGAN, U. S. A.

- * (1) Atkinson, A. J.—*Journal American Medical Association*, Volume 98, page 1153, April, 1932.
 * (2) Brown, C. F. G.; Cromer, S. P.; Jenkinson, E. L.; Gilbert, N. C.—*Journal American Medical Association*, Volume 99, page 98, July, 1932.
 * (3) Fogelson, S. J.—*Illinois Medical Journal*, December, 1932.
 * (4) Submitted for publication. (Totals of patients brought to date.)

day without organizing yourself. Almost every professional act of a physician has to be conducted with organization. Otherwise time and service are lost.

Yet I think the reading most physicians do is chiefly to help themselves at the moment in arriving at a satisfactory diagnosis of a case—a necessary practice, a desirable practice, but one concerned chiefly with the present and not too much with the future.

A group of mothers start to study child psychology (perhaps to their eternal confusion). One decides the first topic shall be the movies.

A local movie manager is brought in to explain why "block-booking" and what-have-you makes their desire for certain programs impossible. And some blatant (and usually not too well-informed) student of the vices of the movies holds forth in rebuttal.

The net result may be the appearance of "Three Little Pigs" at the cathedral of the squawking word.

What shall the next subject be? Someone decides on spanking—the next most popular subject for arenic battles. Following that probably some one wants something on the development of personality. BUT, my point is, the whole affair is disorganized, running around in circles, tackling (in medical terms) brain surgery before you learn to open a boil.

The wise group of parents gets in touch with the proper organizations, finds out what planned programs are available, and at the end of a year gets somewhere.

Yet who ever worked out this sort of planned program for a doctor to follow in his time devoted to professional improvement? The nearest thing was the Cabot Clinics in their gala days.

The medical magazines sometimes provide symposium numbers which approach this idea. But unfortunately for medical



The "Half Sick" Patient

THE PATIENT who drags himself into your office with vague complaints suggesting a chronic focus of infection presents a real problem.

In your search for a point of origin for the trouble, you find that most of these patients suffer from intestinal putrefaction and intoxication.

The type that is habitually constipated—taking laxatives and cathartics by the carload—is particularly subject to intestinal toxemia.

Instead of treating these cases with laxatives, let us suggest that you try a corrective procedure, which is convenient, safe and inexpensive.

LACTO-DEXTRIN changes a putrefactive flora to a normal acidophilic flora by changing the culture medium (the bowel is always a culture medium for bacteria) from one that favors putrefactive organisms to one that is agreeable to fermentative bacteria.

Changing the flora in this manner will usually clear up these vague symptoms by inhibiting putrefaction and assisting fermentation.

LACTO-DEXTRIN is very pleasant to take, and may be given to any patient.

MAIL COUPON For Test Sample

THE BATTLE CREEK FOOD CO.

Dept. ME-2-34,

Battle Creek, Michigan

Send me, without obligation, literature and trial tin of Battle Creek Lacto-Dextrin.

Name.....

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FOR THE LOVE OF MIKE DOC—
AS LONG AS I HAVE TO TAKE
CASTOR OIL, WON'T YOU PLEASE
TELL MAMA TO GIVE ME
KELLOGG'S TASTELESS



This Patient means the original and genuine refinery-sealed bottle illustrated here and sold at all drug stores at 3 oz. 25c—7 oz. 50c. Never sold in bulk. The world's purest castor oil.

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editors, they can not (as can popular editors) control very closely the type of material presented to them.

The organization magazines, in particular, are expected to present the more valuable papers regardless of any too highly organized educational program. Nor can this be helped as long as we hold the thesis that one of the few legitimate ways in which a physician may publicize himself is through papers to bring his erudition before his professional peers.

This is not brought out in terms of criticism. It is, however, a handicap to the organized study thesis I am presenting.

•

And so my first proposal is that something more than the Index Medicus be made available as a guide for the doctor who seeks professional improvement at home through literature. Both books and current literature should be available, and I suspect releases would have to be made similar to the lessons of home study groups as found in the extension courses of universities.

My second proposal is a further

local extension of the staff meetings of the larger hospitals. It is all very well to discuss a case informally with your confrères, but it is good discipline and most helpful for all concerned for a few to gather together at regular intervals and really discuss specimen cases—not museum pieces but common everyday problems.

I claim that this is practicable in almost any community. I claim furthermore that it would raise considerably the standard of medical service there.

I am not making this statement without personal experience. A number of us used this idea not many years ago for a lunch club. We met as we claimed "to gossip and spoil reputations." But behind it came an organized program of professional improvement for us all. What broke it up was the unfortunate fact that a number of members might be scattered from Kansas City, Missouri to Juneau, Alaska as we grew in age, knowledge, and embonpoint.

An observance of these two proposals would, I feel confident, give rise to a more intelligent direction of many a doctor's "study time" and possibly a wiser selec-

"In desperation I tried Occy-Crystine. For emergency cases of Ptomaine Poisoning: my daughter, my wife, myself. It worked like a charm.

"We enjoyed a fine dinner the other night at a nearby Inn. Two hours later my daughter suffered a severe attack of ptomaine poisoning. While I was working with her I felt the first symptoms myself, then my wife became ill.

"Tablespoonful doses of Occy-Crystine in 2/3 glass of water, one for my daughter and my wife, two for myself, followed by hot water,

started at once to empty the stomach and force out the gas. This immediate relief was very welcome, particularly in my wife's case where severe prostration alarmed me.

"A friend and colleague had told me about Occy-Crystine's work in some serious arthritis cases. His honest enthusiasm persuaded me to send for samples, which I neglected until I was desperate. His enthusiasm—tested by this personal experience—has proved contagious. Please send dosage information."

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Please send samples, with literature, to me.....

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*Eliminate the Element of Human Error
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IRRADIATED DRYCO

"IN spite of the availability of many good, reliable sources of vitamin D, rickets and dental caries resulting from malnutrition are still too prevalent. . . ."

"In the past we have depended upon such antirachitic agents as cod-liver oil, viosterol, and sunshine, natural and artificial. It is not because of the ineffectiveness of these sources of vitamin D that rickets is still with us. Rather, it is because

of insufficient or unfaithful use of these materials, for which condition parents are probably chiefly responsible. Whatever the explanation may be, the fact remains that the incidence of rickets is still too great and will continue to be until some cheap, generally available, agreeable source of vitamin D is provided. Vitamin D milk seems to offer promising possibilities of meeting these requirements."

(Krauss, W. E.: *Bimonthly Bulletin, Ohio Agricultural Experiment Station, Ohio, U. S. A., Vol. XVIII, No. 164, Sept.-Oct. 1933*)



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is the first and pioneer irradiated milk as well as the only irradiated dry milk product available. Any baby taking its daily ration of DRYCO is protected automatically thereby against rickets. Prescribe DRYCO.

{ Made from superior quality milk from which part of the butterfat has been removed, irradiated by the ultra-violet ray, under license by the Wisconsin Alumni Research Foundation (U. S. Pat. No. 1,680,818) and then dried by the "Just" Roller Process. }

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ALL DRYCO IN THE HANDS OF DRUGGISTS IS IRRADIATED

tion of his professional literature. And I have often thought, in a comparatively small community, pooling book and magazine funds might well lead to excellent literary collections far beyond the purse of any individual physician.

So much for the study of literature.

I do not believe doctors indulge in half enough research. Sir William MacKenzie was a great practitioner; and his prototype may be found in any or every city, town, and village.

We admittedly do not know the solution for many common medical problems. And, granting that every physician is not trained in research methods, it will be the fault of medical schools hereafter if men are allowed to graduate who have not been given the proper training along this line.

My own office is organized partly for research. I could not, as a matter of fact, obtain new teaching material for my courses, if this were not so. We go over and over our records for this and that. And what a wealth of material lies hidden in the records of any practicing physician—wealth probably far beyond that of the finest hospitals in the country!

Yet medicine need not be a circus side-show. The commonest human ill is constipation, not Cushing's Disease. We physicians are altogether too much impressed with the oddities of life. My own particular problem is most commonly trying to find out why some child has an obscure sort of pain which promptly disappears in a couple of days.

There are, furthermore, in my records, certain apparently inconsequential notations. Five years hence these notations may tell me in a flash the answer to something that bothers me. And, too, this sort of thing takes the deadly banality out of certain routine

RHEUMATOID FOOT PAINS



Normal Foot Weak Foot Flat Foot

Foot and leg pains of a rheumatoid nature, when associated with weakness of the longitudinal arch, can be quickly alleviated with Dr. Scholl's Arch Supports. These supports tend to strengthen the muscles and ligaments while holding the arch in proper position, thus gradually achieving complete correction. Individually fitted at shoe and dept. stores and Dr. Scholl's Foot Comfort Shops. \$2 to \$10 pair. Write the Scholl Mfg. Co., Inc., Chicago, for illustrated booklet for physicians.

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BEFSAL

Possessing the maximum activity against the bacterial toxins and ferments due to faulty metabolism is the ideal treatment for

ARTHRITIS

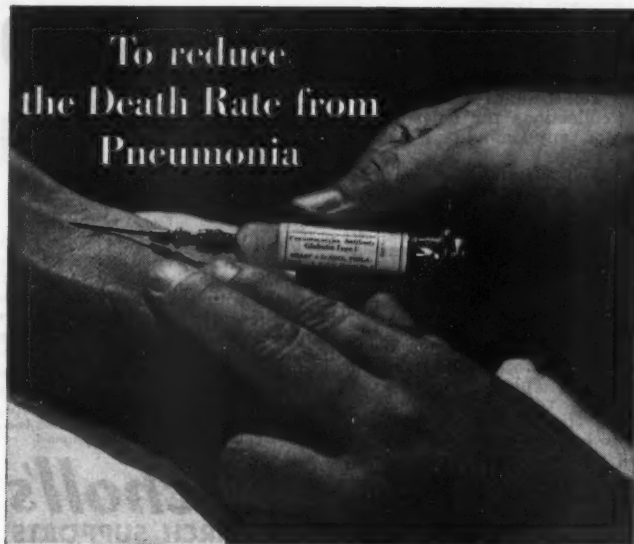
Sufficient dosage over prolonged periods is possible with no harmful effect to the patient. Befsals does not produce methaemoglobin in the blood. It has no equal in the removal of uratic joint affections and in the treatment of arthritis.

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To reduce the Death Rate from Pneumonia



A STEP FORWARD in reducing the death rate from pneumonia has been found in concentrated and standardized *Pneumococcus Antibody Globulin Type I* Mulford, prepared according to the method of Felton.

The use of this serum has shown beneficial effect. Definite improvement usually appears within thirty hours after antibody administration and the average duration of illness is shorter than that of untreated patients. Best results are obtained when

administered early in the disease.

Therefore, its *concentration* has important therapeutic significance as tests show a protective value ten or more times that of the serum from which it was made. Its *standardization* means certainty in dosage and uniformity of therapeutic expectation.

Serum sickness is minimized as the refining processes remove most of the serum proteins; the allergic type of reaction is fortunately rare.

Further information will be supplied on request.

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procedures that would otherwise soon become mechanical.

But enough about the home stamping ground. Some will disagree with these thoughts. Others will have valuable suggestions to add.

But no one can deny that opportunity for professional improvement is literally "kicking in" most physicians' office doors like a wild-eyed prospective father who yells: "Hurry, or the baby will be born before you get there, doctor!"

Postgraduate courses . . . They cost money for tuition, for car-fares, for board. They mean a *locum tenens*. But don't they mean a vacation, too? Don't they mean getting away from Mrs. Jones and her stomach trouble and Old Man Jones' rheumatism? Don't they mean meeting some of the finest fellows in the world, other doctors from other communities, like you, having a sort of postman's vacation, but still a mighty good vacation?

And the local paper will doubtless state, as seems to be customary, that you have gone to the big medical school to conduct a series of clinics.

The doctor who brought me into the world and took me through a deal of childhood troubles, the man for whom my father (also a physician) fought a mighty death-bed battle, would every

year take a certain number of weeks off and go to some medical center. And his practice improved, rather than suffered.

Educators in the top flights are customarily given a sabbatical year, half a year with full pay or a full year with half pay, to be used for rest and for professional improvement. And many a wise school system makes it possible for Miss Smith to do likewise. Miss Smith returns to bring new life to her classroom and her associates.

The idea is sound. Doctors would do well to consider something similar. Various cruises and courses come the nearest at present.

I do not believe the mad rush of a national, state, or even county meeting is the equivalent. As one of my associates ably expressed it: "Learning can not go on in Bedlam."

Again this is no criticism. By all means attend the meetings. You need them. They need you . . . But do not mistake them for organized attempts at scholarship. *Per se* they can not be.

Time and money, then, seem to be required for professional improvement. Time, money, and effort. The only real question is: how much of each? Businesses plough back certain earnings into the plant. They do not declare all the annual earnings in dividends.

[Turn the page]

HYPERTENSION HEADACHE

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C

Effective relief follows use of Hepvisc, which combines Viscum album (European mistletoe) with hepatic and insulin-free pancreatic extracts. A single dose often lowers blood pressure 20 to 30 mm. Hg. in 4 hours.

Prescribe 3 to 6 tablets daily, one-half hour before meals.

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SINASIPTEC is used as a nasal douche or wash. Its immediate effect is to reduce engorgement of the turbinates, to free the nasal passage, (thus permitting sinus drainage) and to stimulate normal secretory activity.

SINASIPTEC is recommended as a local treatment in head colds, hay fever, etc., and as an excellent follow-up in chronic rhinitis and sinus patients.

The composition is non-secret and will be furnished with sample and literature.

Use the coupon for a liberal sample of SINASIPTEC and an educational (not advertising) booklet for patients—you may have as many of these as you wish.



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Please send me a sample of SINASIPTEC and booklet on Nasal Hygiene.

.....M.D.

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Look over your investment list. What companies are paying dividends now? Are they not the ones which ploughed back part of their earnings intelligently into the business, that kept up the plant, and followed the times?

There is this to be added: We are entering a new social era. Medicine can not be expected to remain changeless any more than anything else.

The economic worries of the moment are important. But to give them entire precedence is merely inviting an uninviting future. We must look ahead.

And in my opinion we must train ourselves for a new society which may well present a considerably different medical picture—the key, perhaps, being a closer interrelation of mind and body. But that is purely a guess.

To me the whole situation seems to point to this: The physician who is not willing to invest heavily in himself at the moment is the physician who, a few years hence, will be looking longingly at the other fellows who did do so, wondering what has hit his practice.

The public is following medical and scientific thought as never before. The papers, at times, reveal new medical thoughts before they even appear in the professional literature. Hence the physician who does not "know the answers," as the story writers put it, may soon find himself in the position of not being asked.

The rainbow in the whole picture, in my opinion, is that the future undoubtedly will offer opportunities far beyond the present. However, I am personally wedded to the philosophy that this very moment is the time to prepare strenuously for the years ahead.

The doctor ought to be on the bandwagon. Let us fondly hope that he will never have to ride at the end of the parade, screeching the blues on a not too well tuned calliope.

Internal medication for common cold is losing vogue.



The COMMON COLD

Physicians have found that most bronchial ailments are due to infection, and that the affected area is most readily reached through inhalation of medicated vapors.

The action of salves or liquids dropped into the nostrils affords a strictly local relief while the lesions in the upper respiratory tract are very extensive.

The use of Cresolene with the special vaporizer has been demonstrated for many years as a dependable means of introducing an effective antiseptic direct to the affected area in relieving the paroxysms of whooping cough, dyspnoea in catarrhal croup and bronchial asthma, cough in broncho-pneumonia and the discomfort of the common cold, particularly at night.

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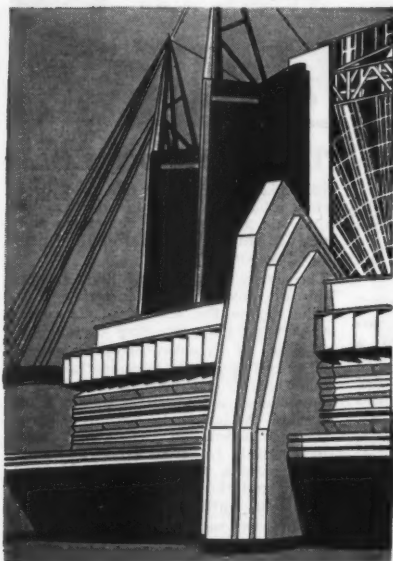
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The strain and stress of modern life demand a modern tonic. Eskay's Neuro Phosphates is an ideal formula for combating many of the nervous conditions seen so frequently today. It is modern in appearance, attractive in taste, rapid in results.

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Literature & Samples



THE CASTLE MANUAL OF CORRECT STERILIZATION: The Department of Bacteriology of the School of Medicine and Dentistry of the University of Rochester was called into consultation in the preparation of this booklet. It summarizes the principles of the destruction of bacteria by heat, and describes the methods of sterilizing instruments and dressings. Thus it offers a working technique for safe sterilization, practical for physicians and surgeons in their offices and clinics. It also includes suggestions for the proper care of sterilizers. Write the Wilmot Castle Co. (ME 2-34), Rochester, N. Y.

MANUAL OF SURGICAL SUTURES AND LIGATURES: Here is a 56-page manual describing the various materials employed for surgical sutures and ligatures. It makes recommendations as to the sizes and varieties best adapted to the various tissues, explains the approved methods for handling sutures in the operating room, and describes the factors governing their behavior under varying physiological conditions. For your copy address Davis & Geck, Inc. (ME 2-34), 217 Duffield St., Brooklyn, N. Y.

SAMPLES OF HEPVISC: Composed of viscum album, synergistically combined with hepatic and insulin-free pancreatic extracts, Hepvisc is said to relieve hypertension headaches, frequently lowering blood pressure considerably. Write the Anglo-French Drug Co. (ME 2-34), 1270 Broadway, New York, N. Y. for your sample.

SAMPLES OF METHATROPIN: From 30 to 50 times less toxic than atropine, this product is said to permit larger dosage with more assurance of obtaining the desired effect. It is especially indicated for the relief of pain in the gastroenteric tract. Write the Pharmedic Corporation (ME 2-34), 160 East 127th St., New York, N. Y. for complete literature and samples.

ACIDOGEN NITRATE: Here is a little folder containing valuable information about the various allergic disorders. Clinical indications, contra-indications, and results are given for hay fever, asthma, hyperesthetic rhinitis, migraines, chronic hives, and gastro-intestinal allergy. Abbott Laboratories (ME 2-34),

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BRIEF NOTES ON PHYSIOCHEMISTRY, PHARMACOLOGY, THERAPEUTICS: Special attention is called in this booklet to Gardner's Syrup of Ammonium Hypophosphite, a new expectorant combining the active agents ammonia and phosphorus. It is said to be especially efficient in rhinitis, sinusitis, pharyngitis, laryngitis, tracheitis, and bronchitis, in both acute and chronic forms. For your copy write R. W. Gardner (ME 2-34), Orange, N. J.

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COLLOIDAL SULPHUR ISOTONIC: This is the title of an important little leaflet explaining why, in the parenteral administration of sulphur in any form, the use of colloidal sulphur in solution is to be preferred to that of ordinary sulphur in suspension because of the element of painlessness after the injection. For your copy address the Drug Products Co. (ME 2-34), 26-32 Skillman Ave., Long Island City, N. Y.

SAMPLES OF PILKA, a new cough remedy, a dialysate of three herbs: H. Pinquicula, H. Drosera, and H. Thyme, is said to be an effective aid in the relief of painful tussis, because it is antagonistic to bacterial colonization, liquefying the protein radical, and giving soothing relief. Pilka contains no opiates nor narcotics, and is understood to be especially useful where these are contra-indicated or undesirable. Write the Takamine Laboratory, Inc. (ME 2-34), Clifton, N. J.

A SUCCESSFUL INFANT FOOD: The principal advantages of evaporated milk in infant feeding formulas are interest-

Doctor: HAVE YOU A STUBBORN CASE OF CHRONIC URETHRITIS?

THEN BY ALL MEANS TRY—

This new bacterial antigen brings to the medical profession a highly effective local treatment for both acute and chronic urethritis. Clinical evidence accumulated from such excellent proving grounds as state prisons, boards of health and clinics shows desired results in *over 80 per cent of the chronic cases treated!* Here is a new and revolutionary local treatment for gonorrhea. Gon A-Vee is made from the organisms which cause the disease. It antigenically stimulates the cells and leucocytes, penetrates the pockets of the lacunae of Morgagni—those hidden cavities which resist so effectively antiseptic solutions.

GON A-VEE
Gonococcus
Combined Antivirus

May we urge you to try this easily applied, proved biological? Hundreds of physicians are already using Gon A-Vee as a resultful and effective specific for gonorrhea. Its abnormally high percentage of results is eloquent proof of its efficacy. Take the coupon to your druggist—he will do the rest. Or send it in direct.

Producers of internationally known Sherman Vaccines for over a quarter century.

G. H. Sherman M. D., INC.

14602 EAST JEFFERSON AVENUE—DETROIT, MICHIGAN

SPECIAL OFFER TO

Physicians

FREE. with every order of
Gon A-Vee . . . one vial 12½
cc. of Sherman Gonococcus Com-
bined vaccine No. 49, used as
an adjunct to Gon A-Vee

Please supply one 12½ cc. vial Vaccine 49 Free
—with one box Gon A-Vee at \$3.00 net.

Dr. _____

Address _____

Druggist _____

Address _____

ingly explained in this booklet, written for physicians by a pediatrician of wide experience. For your copy address the Carnation Co. (ME 2-34), 700 Milwaukee Gas Light Bldg., Milwaukee, Wis.

IRRIGATING THE NASAL TRACT: The method and equipment employed in a new way of cleansing the nasal cavity are described in this folder. If you are interested, a request to Nichols Nasal Syphon, Inc. (ME 2-34), 144 East 34th St., New York, N. Y. will bring you a copy of the folder.

LYGEL: Besides explaining the points of superiority claimed for the new anti-septic jelly, Lygel, and giving careful directions for its use, this leaflet contains considerable general information concerning the employment of contraceptives. For your copy address Lehn & Fink, Inc. (ME 2-34), Bloomfield, N. J.

MORE GOOD NEWS: Doctor-investors should be interested in this two-page mimeographed report presenting a considerable number of significant business facts going to show that the recovery cycle is now well under way. Upon receipt of your request Brookmire, Inc. (ME 2-34), 551 Fifth Ave., New York, N. Y. will be glad to send you a copy.

SAMPLES OF FACIDOL: Here is a new preparation combining a number of uses. Its makers claim for it that it may be economically and effectively used as a mouth wash, as a gargle, and as a dentifrice. Write the Facidol Laboratories, Inc. (ME 2-34), 305 Broadway, New York, N. Y.

"VITAMIN D" BREAD: To inform physicians, dentists, and health authorities in general about the use of vitamin D in bread, a pamphlet entitled "Confidential Data" has been prepared, and may be secured from the National Oil Products Co. (ME 2-34), First and Essex Streets, Harrison, N. J.

SAMPLES OF DI-CITURIN: This new drug is said to be remarkably valuable in renal circulatory and hypertension cases. For your sample and a reprint entitled "Satisfactory Control of Hypertension in More Than Four Hundred Cases," write the Chemico-Biologic Laboratories (ME 2-34), 101 Maiden Lane, New York, N. Y.

NO INCREASE IN PRICES

Rx Blanks are still \$1.90 for 1000
Billheads or statements \$2.65 for 1000
Letterheads 5 1/4 x 8 1/2 \$2.50 for 1000
Envelopes, White Wove \$3.40 for 1000
Complete Price List on Request

PROFESSIONAL PRINTING CO.
312-316 Broadway New York, N. Y.

OLEOTHESIN

NEW PRICE

\$1²⁵ per ounce

In accordance with our pledge to the Profession, we are AGAIN passing on to Physicians the benefits of all Savings now resulting from increased sales and use of OLEOTHESIN, with increased production and its consequent reduction in cost of manufacture.

OLEOTHESIN continues to enjoy a most pleasing reception from Physicians and Dentists throughout the whole United States.

Now you can buy this proven, safe, certain topical anesthetic at a price you can afford to pay; a price at which you can afford to give every patient the added comfort induced by its use.

\$1.25 per full ounce, doubles the quantity at the same price.

OLEOTHESIN SPRAY (Atomizer)

Oleothesin Spray is a specially designed DeVilbiss atomizer, developed for use with Oleothesin. \$1.00 extra.

Here are a few of its many medical uses:

- (1) Relieve pain of first, second and third degree burns.
- (2) Anesthetize uvula to prevent gagging.
- (3) Anesthetize tonsils previous to electro-cauterization.
- (4) Anesthetize back of throat and mucous surfaces of tonsils previous to Procaine Hydrochloride injection anesthesia.
- (5) Relieve pain in passing urethral sounds and bougies.
- (6) Desensitize skin site of needle puncture particularly in children.
- (7) Relieve post-operative pain in open wounds and grazed areas.
- (8) Control pain associated with boils and carbuncles.
- (9) Relieve pain and discomfort associated with the passing of an esophagoscope or bronchoscope.
- (10) Produce vaginal anesthesia during delivery.
- (11) Relieve pain in emergency surgery.

THE OLEOTHESIN CO., (M)
68-70 E. Utica St., Buffalo, N. Y.

Please send me additional information, with pharmacology and simple technique for Oleothesin in surface anesthesia.

Doctor
Street
Town
Dealer

Silvogon

The Stainless Silver Antiseptic

Effective in such high dilutions that it is most inexpensive.

A 1 to 1000 solution (1/10 of 1%) is the strength usually employed in treating eye, ear, nose and throat diseases and in urethritis.

Supplied in powder and tablets.

▼
**ERNST BISCHOFF
COMPANY** Incorporated

135 Hudson St., New York



Good Records Are the Best Trouble Insurance

[Continued from page 31]

on the printed card which I gave him, he usually telephones in advance and lets me know. And if he fails either to keep the appointment or to give me some explanation, I have a communication form to use. It runs something like this:

My records show that on such-and-such a date, you had an appointment at my office for such-and-such an hour.

No doubt your failure to keep it arose from some unavoidable circumstance. If, however, it was through some fault of my office, naturally I would appreciate having you tell me.

If no response is forthcoming to this, I know that, for some reason or other, the patient doesn't care to come back to me; and the matter is dropped right there.

Occasionally patients are obliged to miss appointments. I may lose contact with them almost entirely for a while. If they make no effort to get in touch with me voluntarily within a month or two, I make use of another little printed form which accomplishes excellent results. Apparently, the patients like it, too, no doubt because of the personal interest in them which it suggests. This form is as follows:

For the purpose of completing my records of your case, I shall be grateful for your replies to the following questions.

Is your condition cured.....?
Improved.....? Worse.....? Un-
changed since your last call.....?

If cured or improved, what part of
your treatment seemed most helpful?

If not improved, what symptoms
still cause trouble?

A stamped addressed envelope is
enclosed for your reply, which will
be much appreciated.

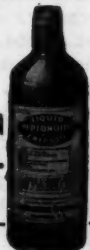
[Turn the page]

Palatable non-irritating in the treatment of coughs .. grippe bronchitis

There is never any reluctance on the part of children or adults in taking Liquid Peptonoids with Creosote. It is palatable, non-irritating and can be retained by the most sensitive stomach. Clinical test will prove the value of this product as a bronchial expectorant and sedative. The coupon will bring samples and literature.

By the makers of NEO-CULTOL.

Liquid Peptonoids with Creosote



The ARLINGTON
CHEMICAL CO.
YONKERS, N. Y.

Gentlemen:

Please send me a sample
of Liquid Peptonoids with
Creosote.

ME-2

Dr. _____

Address _____

City _____ State _____



SIMPLY this. An effervescent saline combination, possessing laxative and eliminant properties, composed of the self-same active ingredients which are found in the waters of famous European spas.

Sal Hepatica is not habit forming. Its regular use does not create a condition of tolerance necessitating an increase in dosage, nor does its discontinuance leave a more constipated condition than before treatment was begun. It does not produce tenesmus, sphincter irritation, or

excessive secretions of mucus.

Let your first test of Sal Hepatica be on yourself. Take a dose the next time you feel its use is indicated. For more thorough consideration of Sal Hepatica, we invite physicians to mail the coupon for literature, and a professional supply for clinical test purposes.

Fred Allen now on the air in his greatest show . . . the Sal Hepatica Revue. Every Wednesday night, N.B.C. Coast-to-Coast Network. Don't miss this brilliant show!

• SAL HEPATICA •

MEMO to Bristol-Myers Co., M75 West Street, N. Y. C.

Without charge or obligation on my part kindly send me samples of Sal Hepatica to be used for clinical purposes. (I enclose my card or letterhead).

Name.....M. D.

Street.....

City.....State.....

Particularly for the practitioner who, like myself has a secretary who is also an office nurse, printed forms can be of invaluable service in the matter of making collections. It is my custom to send out two bills, at monthly intervals. If I get no response to the second one I enclose with the third bill a special card in which I try to explain to the patient, in a dignified manner and quite without apology, exactly what my feeling in the matter is.

Most special requests or collection letters, it seems to me, fall into one of several rather distinct categories. There is, first, the stereotyped, stilted demand for payment. Second, there is the overly-sentimental type of request, the "please-save-your-old-family-doctor-from-the-poor-house" sort of thing. There is, too, the breezy, go-getter type of letter, and finally the openly bullying, threatening collection demand.

To my mind there is no excuse for any of these all-too-common types of collection letters or forms. The simple occasion of a doctor's reminding his patient that he expects to be paid for the services which he has rendered

does not warrant his becoming either stilted, sentimental, flip-pant, or offensive.

If a month goes by without the first card having produced any results, I send out a second one with the fourth statement. This card, while still dignified, is noticeably stiffer than its predecessors. It informs the delinquent that unless he does something right away about paying the bill, I shall, as a matter of course, be compelled to turn his account over to a collection agency for action.

Those still unconvinced by this card get a letter from the collection agency's attorney the following month. At that time, should the patient come in and want to settle the matter with me personally, I simply inform him that the account is out of my hands. Thus I save a half-hour argument over the payment of the bill, which is then something for the collection agency to worry about, not me.

And how effectively do my collection forms operate? Well, last month, the worst in the whole depression, so far as my experience in this city is concerned, I collected 80 per cent of my bills.

There is your answer.



The flared out

reinforced base of B-D Syringe barrels reduces breakage at this point and once again emphasizes the economy of specifying B-D when ordering syringes.

B-D PRODUCTS
Made for the Profession

BECTON, DICKINSON & Co.
RUTHERFORD, N. J.



Maybe **IT'S THAT NO GOOD STRAINER!**



MANY a harried mother blames her baby for being perverse at mealtime . . . when often the fault lies in Mother's preparation.

Baby is used to liquid foods. And habits are hard to change. So when baby gets his first home-prepared vegetables, and finds them rough and lumpy—he spits his disapproval.

Many a doctor has changed a baby from home-strained vegetables, to Clapp's Baby Foods. For these foods, prepared with the most modern scientific equipment, and care—are always the proper smooth consistency, and always uniform.

Often, when baby won't take roughly-strained foods, he will take

Clapp's. This simple fact has solved many a feeding problem.

15 VARIETIES The World's Largest Baby Menu

*Baby Soup (strained) . . . Baby Soup (unstrained)
.. Vegetable Soup .. Beef Broth .. Wheateheart
Cereal .. Spinach .. Carrots .. Peas
.. Asparagus .. Tomatoes .. Beets
.. Wax Beans .. Prune Pulp ..
Apricot Pulp .. Apple Sauce.*



Made of the finest selected fruits, vegetables, and cereals, scientifically prepared—Clapp's Foods are more appetizing than home-prepared foods made from whatever vegetables the local market offers.

**NOW 15¢
In The New
Enamel
Purity Pack**



HAROLD H. CLAPP, INC.
Dept. 81, 1328 University Ave.
Rochester, N. Y.

Please send me free, your comprehensive
NEW book of recent findings on Infant
Feeding.

Name

Street

City State

Please print name and address plainly

A Bogey Vanishes

[Continued from page 45]

tailed in an effort to stretch the rapidly dwindling emergency re-employment fund so as to maintain the program until February 15. Officials now expect that the \$900,000,000 for civil works and direct relief will be exhausted by March 1.

President Roosevelt has asked the Congress for \$1,166,000,000 to continue the emergency re-employment program. Of this sum \$350,000,000 will be turned over to the CWA which can then, it is expected, extend its activities to May 1.

Hardly Sanitation

[Continued from page 18]

sanitation. He wouldn't mind supervising the work of such an enlarged department. It might lead to bigger things for him. Who could say? He might jump from that to a job with the county, or even with the state.

Again, his job was more or less political. And, after all, these people had votes and wouldn't forget to use them, if they were handled right.

But, strange to relate, there is evidence today of unrest in the modern and progressive village of Hardly. The people who pay the taxes are beginning to wonder why they should be expected to help pay the other fellow's plumber bill.

It is being discovered that these salaried plumbers are not as interested in doing good work as were the plumbers whose success and livelihood depended upon their good reputation.

There are heard various querulous complaints about the passing of the "old family plumber." Plumbers, it is charged, are unwilling to settle in small villages like Hardly to do a general practice. Instead they seem to favor

UNGUENTINE IS ANTISEPTIC



The marked antiseptic, germicidal properties of Unguentine have long amazed physicians otherwise skeptical of the germ-killing power of ointments. Unguentine meets the strict requirements of the standard Reddish tests for antiseptic effect, recognized by the United States government. Additional tests show it to have a marked germicidal and penetrative action.

Unguentine is the only ointment containing Parahydrocin, (anhydro-para-hydroxy-mercuri-metacresol) the antiseptic effect of which may be demonstrated in a dilution of ONE TO SEVERAL MILLION! Parahydrocin is non-toxic, non-irritating, oil-soluble, stable and unvarying. Its action is not seriously affected by the presence of serum, nor does it precipitate albumin.

Sample of Unguentine free to physicians upon request.

The Norwich Pharmacal Co.
Box M.E. 2, Norwich, New York

Norwich



**"PLEASE, DOCTOR
DON'T SAY MILK!"**



Cocomalt is accepted by the Committee on Foods of the American Medical Association. Composed of sucrose, skim milk, selected cocoa, barley malt extract, flavoring and added Vitamin D.

FREE TO DOCTORS

We will be glad to send you a trial size can of delicious Cocomalt free. Merely send this coupon with your name and address.

NO DOUBT many little patients would like to "tip off" the doctor beforehand. Milk can become so monotonous.

Cocomalt mixed with milk is another story! Children adore its creamy chocolate flavor. And prepared as directed, Cocomalt adds 70% more caloric value to milk. Provides *extra* proteins, carbohydrates, minerals (calcium and phosphorus)—plus Vitamin D for proper utilization of the calcium and phosphorus. Licensed by the Wisconsin University Alumni Research Foundation.

Cocomalt comes in powder form, easy to mix with milk—delicious HOT or COLD. At grocery and good drug stores in ½-lb. and 1-lb. cans. Also in 5-lb. cans for hospital use, at a special price.

R. B. DAVIS Co. Dept. 35B, Hoboken, N. J.

Please send me a trial-size can of Cocomalt without charge.

Dr. _____

Address _____

City _____ State _____

becoming specialists in steam fitting, ventilation or some other branch of their profession which has not been interfered with to such an extent.

This was a development scarcely anticipated by the Leading Citizens who first established the department.

They have an explanation, of course: Since people cannot live without modern sanitation, everyone is entitled to receive a full

measure of it. It is easy enough to hire plumbers, even if they have to be brought in from the outside.

And what do the plumbers of the village think? Well, they might as well make up their minds to like it now, and either go to work for the department, or get out of the village of Hardly. For State Plumbing is not only well established, but it is there to stay.

\$500,000 in New Practice

[Continued from page 21]

ment between the employer and the Chicago Dental Society that

(1) After his employees are pronounced dentally fit at the time of the six-months' check-up by the Society's dental examiner, the employer will make it a condition in hiring new personnel that they must bring certificates of dental health from their dentists or agree to do so within a reasonable time;

(2) The employer shall, beginning one year after the six months' check-up examination, require all employees to present

statements from their dentists, certifying that all necessary dental work has been done.

It is expected that Society representatives will examine approximately one thousand employees per month. Naturally, such a program can not be carried out except by incurring considerable expense. At the proposed rate of activity, estimated operating costs of the plan are from \$10,000 to \$12,000 per year.

It is thought that at this rate it will produce annually for the dental offices in the Chicago area at least \$500,000 worth of new dentistry, without taking into consideration the work which will probably be done for the various members of employees' families.

But where is the money coming from to operate the plan?

Such a project to revitalize the Chicago dental market could, ob-

Send for a Sample!

QUICK SYMPTOMATIC RELIEF

Leukorrhea irritation causes the discharge, which in turn produces further irritation. Micajah's Medicated Wafers act both ways by checking discharge and soothing irritation at the same time. Mildly astringent, non-irritating, non-toxic. The action is continuous. As a vaginal suppository or for douching.

MICAJAH'S MEDICATED WAFERS HEMORRHOIDS

Spasm of the sphincter and caused by the irritation increases the pain and inflammation. Micajah's Suppositories do double duty by relaxing the spasm of the sphincter and tending to heal the inflamed mucous membrane of the rectum. If you contemplate operation or injection treatment, they make your job easier.

MICAJAH & CO.
214 Conewango Ave.,
Warren, Pa.

Dr. _____
Address _____

The passing of "Dr. Don't"



MORE AND MORE, it seems to us, modern medicine is departing from the relentless "don't do this . . . don't do that" method of treatment.

"Dr. Don't" is undoubtedly a sincere and thorough-going fellow—but his patients may suffer unnecessary hardships.

There's the matter of coffee, for instance. Many physicians no longer ask patients who cannot tolerate caffeine to give up coffee. Instead, these doctors simply advise a change to Sanka Coffee.

For in Sanka Coffee the coffee-lover

enjoys all of coffee's beloved flavor, fragrance and warmth without any of caffeine's ill-effects. It never causes sleeplessness . . . never upsets nerves or digestion because it is 97% caffeine-free.

Perhaps you would like to try Sanka Coffee yourself before you advise it. You can buy Sanka Coffee in vacuum-sealed cans at your grocer's. He sells it with a money-back guarantee of satisfaction. Or if you'll mail us the coupon below, we'll gladly send you a quarter-pound free. Sanka Coffee is a product of General Foods.

**REAL COFFEE WITH 97% OF
THE CAFFEIN REMOVED**



SANKA COFFEE CORPORATION
1 Joralemon St., Brooklyn, N. Y.

Gentlemen: Please send me without charge a 1/4-lb. can of Sanka Coffee—also the booklet, "The Passing of 'Thou Shalt Not.'"

Name

Street

City State

This offer expires Dec. 31, 1934.
Not good in Canada.

viously, ask for and receive the support of various commercial concerns. The Chicago dental profession wishes, however, to eliminate any possible objections to commercial subsidies.

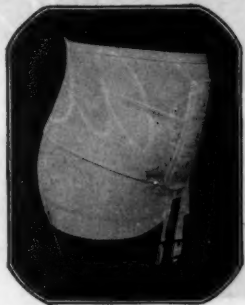
A cooperative effort on the part of local dentists, manufacturers, dealers, and laboratories has therefore been proposed. The plan is that money shall be raised through a special campaign to increase the advertising revenue of the *Bulletin of the Chicago Dental Society*, with a circulation of three thousand weekly in metropolitan Chicago.

The Society urges those interested in reaching the Chicago dental market particularly to concentrate their advertising, or at least a fair proportion of it, in the *Bulletin*. All net revenue, after ordinary costs of publishing are paid, is to go into the special fund to carry on the industrial diagnostic program. Fifteen pages of advertising per issue, it is thought, will produce revenue sufficient for the purpose.

In support of their request for special consideration from dental advertisers, Society officials point out that purchasers of advertising space in the *Bulletin* will secure certain special benefits. The plan will not only bring new purchasing power to the dentist, so that he can purchase supplies and equipment more freely, but, because he has contributed to the fund which has brought this new business into dental offices, the advertiser will have a moral lien on the business of members of the Chicago Dental Society.

Whether or not this latter part of their plan works out as anticipated, or whether they finance it themselves (as it seems, judging from the increase in practice it will bring about, they would be amply warranted in doing), the members of the Chicago Dental Society have under way a project which the medical profession cannot afford to lose sight of.

STORM



Worn, the world over, for every condition requiring Abdominal Support.

Ask for literature

Katherine L. Storm, M. D.
1701 Diamond St., Philadelphia

Cough Control

Why employ narcotics or nauseating syrups for the relief of the cough syndrome?

Gualacol Iodine Capsules are effective without any habit forming possibilities, and have no unpleasant after-effects.

The formula of Gualacol Iodine Capsules is as follows: Gualacol, 2½ minims; Iodine, ¼ grain; in a special excipient which prevents regurgitation of the gualacol, and renders the iodine perfectly bland.

We want you to try them in chronic bronchitis; post-influenzal conditions; or any other persistent cough associated with infection or inflammation of the respiratory tract.

Dose. One capsule every three or four hours and at bedtime.

Gualacol Iodine Capsules are marketed in boxes of 36 capsules.

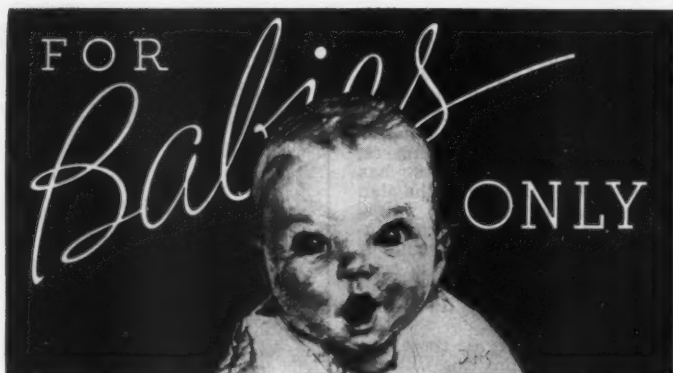
Tear off and mail the attached coupon for sample.

WRIGHT & LAWRENCE,
Manufacturing Chemists,
53 East Washington Street,
Chicago, Illinois.

Name

Address

Dealer



... that's the one idea of the Gerber Products Company

To make the best possible strained vegetables and cereal for Baby—that's the single aim and the sole idea of Gerber!

The Baby market is Gerber's one market. Baby foods are Gerber's one line of products. Concentration on producing good, wholesome strained vegetables and cereal is Gerber's one endeavor. Not scattering its efforts in a dozen directions for a dozen different types of customers.

That's the chief reason why Gerber products are the best it is possible to produce. The "Care in Every Detail" which Gerber's, doctors, pedia-

tricians and mothers consider so vitally important cannot be exercised in a plant not organized with special equipment or equivalent concentration of effort.

In further advertisements we propose to show just what we mean when we say "Gerber's are better for Baby!" We propose to illustrate every step in Gerber processing, from planting the carefully selected seeds to finally sealing the cans. Anyone can put vegetables through a sieve That may make them "strained vegetables," but it doesn't make them "Gerber's" with their advantages of special preparation.

Gerber's

9 Strained Foods for Baby



Strained Tomatoes . . . Green Beans . . . Beets . . . Vegetable Soup . . . Carrots . . . Prunes . . . Peas . . . Spinach . . . 4½-oz. cans. Strained Cereal . . . 10¼-oz. cans . . . 15c.

GERBER PRODUCTS COMPANY, Fremont, Michigan
(In Canada: Fine Foods of Canada, Ltd., Windsor, Ont.)

Please send me ☐ Reprint of the article, "The Nutritive Value of Strained Vegetables in Infant Feeding."

☐ Sample can of Gerber's Strained Cereal.

Name Address

City State ME 2

Bargains in Utilities

[Continued from page 41]

could cause a temporary crisis in the affairs of the utility companies, it is evidenced by the provisions of the Tennessee Valley contract, for example, that the Administration recognizes this danger and is willing to provide against it.

(5) It is true that the Government is intent upon regulating utility affairs, but such regulation will probably be extended later to other industries as well, so that in the long run the utilities will be no worse off by comparison.

Granted, there is a certain amount of water in utility securities, and there is little reason to hope that the Government will permit this water to earn any return.

According to Mr. Lilienthal, who is the most belligerent of the Administration's anti-utility officials, the water in the utility industry amounts to almost one billion dollars. If he is right, it means that 3 per cent of the utility capitalization in the country (30 billion) is unjustified, and

must be written off.

When it is considered that most medium grade utility mortgages are selling for 50 cents on the dollar, it would seem that the market had more than discounted this obliteration of unjustified capital. Apparently, then, that part of the utility alarm is false.

In the excitement, nobody seems to pay much attention to a couple of unobtrusive, reassuring developments.

For instance, the major trend of power consumption is still upward, more surely so than in the case of any other important industry. Today, the power index continues to hold at 95 per cent of its 1929 high record. It will probably be the first major index to establish a new high.

While the advance may not be so rapid from this level as in the case of extremely depressed industries like steel, which is operating at only 34 per cent of capacity as contrasted with over 100% in 1929, the effect upon earnings may be pronounced, because of the capital "leverage" in the utility industry.

In this country, 60 per cent of utility capital is in the form of bonds and preferred stock on which charges are fixed. Only 30 per cent of industrial capital

[Turn the page]

Professional experience

with Firth-Brearley Stainless Steel has established it as the standard material from which rust-resisting hypodermic needles are made.

And the B-D Erusto Needle of Firth-Brearley Stainless Steel is the preferred rustless needle because it offers among other things a stronger point, that penetrates with minimum discomfort, reducing the cutting area and reducing seepage.

Gauge numbers stamped on all B-D Needles—a great convenience.

B-D PRODUCTS

Made for the Profession

BECTON, DICKINSON & Co.
RUTHERFORD, N. J.



*In each
tablet*

**1000 UNITS VITAMIN A
500 UNITS VITAMIN D
PLUS A CALCIUM RATION
(1 Grain Dicalcium Phosphate)**

THEREFORE *two* of McKesson's Vitamin Concentrate Tablets are fully equivalent to one whole teaspoonful of a high grade Cod Liver Oil *with the addition of a safety margin of Calcium.**

This combination *does* make a difference. Test McKesson's Vitamin Concentrate Tablets in comparison with plain Cod Liver Oil in your practise and note the results.

You are invited to use the coupon for a sample, or, if you wish to make a definite comparative clinical test, to write us the particulars and we shall be glad to cooperate with you. The latter offer is addressed more particularly to physicians with facilities for controlled tests.

**NOTE:* The Calcium is not present as a therapeutic dose, but as a safety margin, to insure full benefit of the Vitamin D, as the diet of most patients needing such medication is usually deficient in Calcium.

McKESSON & ROBBINS

INCORPORATED



NEW YORK

BRIDGEPORT

MONTREAL

McKESSON & ROBBINS, Bridgeport, Conn.

ME-2

Please send sample of Vitamin Concentrate Tablets.

.....M.D.

.....St. & No.

.....City & State

is represented by fixed charges. Hence, any variation in gross earning power is magnified in the balance for utility stocks more than in the case of industries.

Thus the smoother cyclical trend in the utility industry is offset by capital leverage. This is unfavorable during a period of business deflation. But in recovery it constitutes a distinct advantage.

The conclusion seems to be warranted that the adverse factors in the utility situation are not so bad as they sound, while a number of favorable factors apparently pass unnoticed.

Such a condition usually results in a market crisis during which the thoughtful investor takes over at panic prices what the alarmed owner dumps.

It goes without saying that bargains are not obtainable among popular issues. As Baron Rothschild once said, "You could not buy rentes at these prices if the streets of Paris were not running with blood."

It might also be observed that utility securities would not be available today at prices which are so close to the lows for the entire depression, if it were not for the widely known disturbances in the industry.

It has always been the case in market history that loudly advertised difficulties and quietly favorable fundamentals conspire to produce the true bargain.

Asylum Doctor

[Continued from page 43]

tutional work I will say that such a step is not necessarily a disadvantageous one as I was once led to believe.

In fact, whether such work be taken up temporarily, or with a view to making it a life career, the young doctor who does so will find it has certain advantages

G-U INFECTIONS

439 cases of
PYELITIS
and
CYSTITIS

have been reported to our laboratory following treatment with **AMBAZIN**, the new, non-staining genito-urinary antiseptic.

405 were reported as improved to cleared.

AMBAZIN

REG. U. S. PAT. OFF.

as a reinforcing agent for oral administration has the following advantages:

1. **NON-STAINING.**
2. Excreted the natural color of urine.
3. High bactericidal and bacteriostatic action.
4. Non-toxic, non-irritating.
5. Well tolerated.
6. Effective in acid or alkaline urine.
7. Prompt elimination.
8. Economical for the patient.

Dosage: 1 capsule t. i. d.

Write for reprints of the published work and a full size package of **AMBAZIN** for clinical trial.

THE LABORATORIES OF
The Farastan Company
137 So. Eleventh St. Philadelphia, Pa.

and a certain fascination, as well as certain features that are not so promising and agreeable. In this respect it is probably no different from any other work he might do. It simply resolves itself into the question of weighing the good features against the bad, and then making the decision.

To begin, let us consider the advantages and disadvantages of institutional life *per se*.

It may sound like an absurdity to the uninitiated to say this: but such life can often be decidedly pleasant. This holds true particularly for the young, single man (many of these institutions will not employ married doctors) and is largely due to the fact that the doctor lives and works in two different environments, although both may be under the same roof.

His work will be in the wards, in the office and the laboratory. For patients, he will have people who are insane.

Nevertheless, he will be able to live like a prince when not on duty. He will find his living quarters pleasant and in every way comparable with a well-furnished suite of rooms in a first class hotel. These living quarters, as well as laundry and food, are always provided gratis by the institution.

The young doctor will have as associates the other members of the staff and the personnel of the institution's administrative and executive forces. There is thus ample opportunity for pleasant social intercourse, reading, and recreation. Once each month

the doctor will get his pay. His salary may not be large—generally it is not—but it is sure. And as all necessities—with the exception of clothing—are furnished by the institution, he will be able to save from this salary as little or as much as he wishes.

The young doctor, entering this line of work, soon finds his niche; and unless he is an out and out misfit, he soon adjusts himself to his environment. He will probably be astonished at first to learn that there exists anywhere in these United States of America a caste system. But there is no question of its existence here.

Our young friend will find himself in a certain caste—the uppermost one, if that is any consolation—and he must be willing to shoulder a certain responsibility for the welfare of those over whom he has charge. At the same time he will be vested with a certain power that will be delegated to him by the superintendent.

And is the superintendent himself vested with authority? The ultimate responsibility for the entire institution rests on the shoulders of the superintendent. Consequently, it is essential that he be given dictatorial powers. If he is a capable superintendent, however, he exercises his powers with firmness but with restraint; and the members of his staff who make an honest effort to cooperate with him need never feel the iron hand of his despotism.

Thus it is under a monarchical form of institutional government that the young physician will find

GENOSCOPOLAMINE

200 Times less toxic
than scopalamine

WITH Genoscopolamine the distressing symptoms of Parkinson's disease show marked alleviation. This is particularly true of the type which follows encephalitis.

Literature and sample to physicians on request.

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Ether



the first and still the finest

Mallinckrodt Chemical Works was the first to adopt high chemical purity as the criterion of quality of Anesthetic Ether.

Mallinckrodt Ether for Anesthesia is today still the finest type of Ether it is possible to manufacture.

At the time of shipment it meets the most exacting tests for freedom from peroxides, aldehydes, and all objectionable impurities.

Until used it is protected against deterioration by the specially treated container and the solderless cap.

When opened, it must meet these same stringent tests.

Send for folder describing these simple tests which you or your nurse can make in a few minutes in your own office without expense or special equipment.

These tests set a standard of Ether purity and safety you should demand of any and all ether you use, regardless of brand.

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WORKS

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Makers of Fine Medicinal Chemicals

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In Prescriptions Specify
MALLINCKRODT for U.S.P.



RALLY administered (2 tablets t.i.d.)
Mallophen appears promptly in the urinary tract.
There it exerts antiseptic, anti-bacterial action on
its *passage downwards*.

This *descending* antiseptic action makes Mallophen a particularly valuable agent in the treatment of infection in the upper reaches of the G.U. tract, as well as to prevent an *ascending spread* of infection from the urethra.

CHEMICAL

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WORKS

Mallophene

An azo-dye antiseptic, Mallophene is non-toxic, non-irritating in therapeutic doses. Its marked penetrating power is evidenced by the rapid coloration of the urine (1 to 2 hours after the first dose).

Clinically Mallophene by mouth is indicated in

CYSTITIS	VAGINITIS
PYELITIS	URETHRITIS
PROSTATITIS	CERVICITIS
GONORRHEAL INFECTIONS	

In many cases oral administration is best supported by local applications (as powder or glycerine paste) or by irrigations ($\frac{1}{2}\%$ to 2% solution).

In Trench Mouth and other oral infections it is applied locally as glycerine paste.

*

Supplied as:

TABLETS for oral use ($1\frac{1}{2}$ grs. each)

POWDER

SOLUBLE DISCS (0.1 grm. 1 Disc in 20 cc.
water makes a $\frac{1}{2}\%$ solution)

*

The Card will bring you complete literature.

CHEMICAL

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WORKS



Arsenicals

OF DEPENDABILITY

The extreme care used in the manufacture of Mallinckrodt Arsenicals . . .

The chemical tests for toxicity far more stringent than government requirements . . .

The pre-release clinical tests . . .

Combine to give assurance of clinical dependability and the most complete safety compatible with the use of these potent drugs.

A FURTHER MECHANICAL SAFEGUARD:

Arsphenamine—Red tipped Ampoule

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CHEMICAL

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himself called to work, and although the things of which we have been speaking are important, it is the work that is most important of all.

This work may be made light or arduous, interesting or bore-some, depending largely on the attitude with which the young physician approaches it. Although the doctor will have certain daily routine duties to demand his attention, he will find that he can soon get these routine duties systematized so that they will require but a minimum of his time.

There will be some things that he will be able to delegate to his subordinates. In other words, he will find many opportunities of playing the old army game of "passing the buck." If he is inclined to look for the easiest way, he can make for himself an easy way, and by the exercise of his wits, be able to get by.

However, if the young physician is not averse to work, if he is willing to put in extra hours in the wards or in the laboratory, and if he is really anxious to profit to the utmost from his experience, he will find that he has a golden opportunity within his grasp.

In the first place, an institution of this nature is about the only place where he can obtain a thorough knowledge of nervous and mental diseases. Here his opportunities for the study of these specialties are unlimited.

Of course, if he thinks that he will be able to obtain a thorough knowledge of neurology or psychiatry by a few months study,

he will be doomed to disappointment. True, in a short time he will learn something of the old Kraepelin categorical classifications of mental diseases; but to gain an insight into the mental reactions of his patients, and to attain a fair understanding of the newer interpretative psychiatry will require a longer, much longer period of study.

And does this prove interesting work? It all depends on the doctor. Is life interesting to him? If it is, he will find in his work the most spicy romance, the most hilarious comedy, the darkest tragedy, and the deepest mystery—all rolled into one.

If the young doctor's fancy leads him to an interest in research work, he can indulge this interest to his heart's satisfaction. Practically all these institutions are equipped with ample laboratory facilities for such work.

He will find, too, plenty of clinical material for surgical, medical, and ear, nose, and throat study; for in an institution with a population of anywhere from two to six thousand, there are always plenty of inmates and employees who are physically sick. About the only branches of medicine in which he will have little opportunity for clinical study are pediatrics and obstetrics.

Naturally, it is always the question of how the young doctor will make use of this wealth of clinical material. It is there for him, but no one is going to make him use it. He will have no

THE MOST IMPORTANT ADVANCE IN GONORRHEA THERAPEUTICS

NEO-REARGON

SILVER GLUCOSIDE

A Dependable Gonocide with Great Penetrating and Germicidal Power, Painless and Non-irritating.

Write for Technique

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FIRST AID FOR THE STOMACH

YOUR first consideration in the treatment of simple gastric upset with post-prandial pain, sour, acid eructations and other well-known symptoms of hyperacidity, is to relieve the distressing symptoms quickly, safely.

For this purpose BiSoDoL offers a valuable First-Aid for the stomach.

The combined action of magnesium carbonate with sodium bicarbonate and bismuth subnitrate affords quick neutralization of excess acid without tending to set up all alkalosis. Antiflatulents and flavorings provide additional aid in combating acid indigestion.

Massive Doses in Colds

The balanced formula of BiSoDoL enables the physician to build "alkali-resistance" by giving massive doses at frequent intervals.

Send for Samples and Literature



BiSoDoL

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bedside instructor to point out this and that condition to him. He will have to be his own teacher; but he can teach himself much if he will work and cultivate his powers of observation.

I myself entered institutional work with the idea of spending probably six months at it. Instead, I stayed with it six years. Why?

For one thing, I found institutional life pleasant—maybe too pleasant—and I became so interested in psychiatry that I seriously considered staying with it and making it my life's work. And why shouldn't I have done so? To my mind there was just one deterring reason—the uncertainty of what the future always holds for the doctor who gives the better years of his life to institutional work.

This was brought home to me with force when I saw physicians—good ones—who had been in the service for as long as fifteen or twenty years, summarily discharged without explanation or ceremony, because of some slight difference or misunderstanding that arose between them and the powers that control.

We must never forget that a man holding a position with one of these institutions is working for the public, and the public knows no such word as gratitude. Then, too, state institutions, being as their name implies instruments of the state, are in the hands of politicians. Shameful it is, but true.

I served on the staffs of two state hospitals. One was openly and frankly under political control, while the other had supposedly been divorced from politics and placed under a civil service system. Yet in the matter of political interference there was no difference.

Were it not for this feature, I could think of no more pleasant, satisfying, and intellectually profitable life work for the physician.

SANMETTO

for URETHRITIS
CYSTITIS
PROSTATITIS

An indispensable aid
for relief of **ARDOR
URINAE** and for
**FOLLOW-UP
TREATMENT.**

OD PEACOCK SULTAN CO.

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CACTINA PILLETTS

A non-toxic, non-irritating
cardiac tonic made from
the fresh green drug Cactus
Grandiflorus.

Useful in **ARRHYTHMIAS,
TACHYCARDIA, TOBAC-
CO HEART** and the **FAIL-
ING HEART** of the **AGED,**
etc. . . .

OD PEACOCK SULTAN CO.

Pharmaceutical Chemists

4500 Parkview

St. Louis, Mo.



Effective LAXATIVE MEDICATION

Sodium Glycocholate..... $\frac{1}{4}$ gr.
Sodium Taurocholate..... $\frac{1}{4}$ gr.
Phenolphthalein $\frac{1}{2}$ gr.
Extract Cascara..... $\frac{1}{2}$ gr.
Aloin $\frac{1}{8}$ gr.

TABLETS

OXIPHEN



Oxiphen Tablets are particularly useful in habitual constipation because they produce gentle, yet effective laxative action throughout the intestinal tract, stimulating activity of both the secretory organs and the intestinal musculature. They may be used over extended periods

without losing their effect, and without an increase in dosage and, as normal function is re-established, the dosage may be gradually withdrawn without a return of the condition. The formula contains no toxic drugs, and does not produce the "cathartic habit".

The Oxiphen formula combines the hepatic stimulant and chologogue action of the bile salts ("the only reliable chologogue known"—Cushny) with the tonic laxative effect of cascara, the simple laxative action of phenolphthalein and the stimulant action of aloin on the colon. Kindly use the coupon for literature and clinical sample.

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PITMAN-MOORE COMPANY, Indianapolis.

ME-2-34

You may send me a sample of Oxiphen Tablets for clinical use.

M.D.

Address

City

State

Hospitalization Incorporated

[Continued from page 16]

berculosis (after diagnosis as such), acute venereal diseases, quarantinable diseases, alcoholic or drug addict cases, mental or nervous disorders, or hospital care provided for under workmen's compensation law are not included in the benefits offered by this contract.

(9) In the event of widespread disaster, where the demands upon the Hospital Service Association hospitals have exceeded their utmost capacity, and after all efforts have been exhausted in meeting the pressing situation, the responsibility of providing hospital care under this contract may be discharged by refunding to the subscriber needing hospitalization a sum equivalent to the amount that has been paid by him during the current contract year, and such payment shall constitute a full and final discharge of all obligations of the Hospital Service Association under this contract.

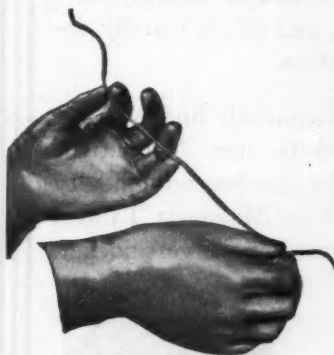
From the medical man's point of view, the chief objections to

various hospitalization schemes have been that they make no provision for the payment of physicians' fees, and that in closed-staff institutions a diversion of patients from outside doctors to staff members is inevitable.

Washington physicians, it appears, have lent their support to Group Hospitalization, Inc., only after the most careful and deliberate considerations of all the factors involved.

Like physicians elsewhere, they are chary of anything that threatens, however, to interfere with their personal rights. But they feel that they have every reason to believe that their rights will be conserved.

Specifically, they have been assured that patients hospitalized under the plan shall have free choice of physician, so that none of them shall pass from the care of their own doctors into the hands of staff members. The pa-



Miller



FAITHFUL SERVANTS OF THE SURGEON'S SKILL...

Back of the trustworthy quality of Miller Surgical Rubber Goods are years of vigilant, progressive experience. But more important still is a spirit of service that takes visible form in the constant new improvements originating in Miller's Research Laboratories. The first skin-like surgeons' glove—the first non-slip "frosted" glove—and scores of other important advances have resulted from Miller's never-ceasing determination to "find a better way". When you buy an article of surgical rubber marked Miller, you also buy confidence—well earned. World-wide distribution through leading dealers in surgical supplies. Miller Rubber Products Co., Inc., Akron, Ohio.

"MILLER KNOWS RUBBER"

An Antacid

Your Patients Will Take

When you prescribe an antacid to be taken three times a day or oftener, can you depend upon the patient to follow directions as you give them?

If the patient is given a prescription for Phillips' Milk of Magnesia Tablets, there will be no trick in getting him to take a tablet as often as you prescribe.

The compact size and pleasant taste of the new tablets allow the patient to conveniently take them at short intervals, and this is usually desired in antacid medication.

As a laxative, too, you frequently find it necessary to prescribe for mid-day use. The patient who is "on the go" all the time has no difficulty in taking Phillips' Milk of Magnesia Tablets because they can be carried in the vest pocket.


PHILLIPS'
Milk of Magnesia



Prepared only by
THE CHAS. H. PHILLIPS CHEMICAL CO.,

NEW YORK, N. Y.

tient has a right to select his own physician or surgeon and the hospital to which he shall go, provided, of course, that it is not filled and is not one from which the physician is barred.

The hospitals have agreed that member institutions shall belong to no other similar plan, and, further, that none of them shall engage in the corporate practice of medicine. Along with prominent lay Washingtonians, three outstanding medical men, two of them active practitioners and the third the dean of a medical school, are on the board of trustees of the corporation, a factor tending to conserve both the ethics and the financial interests of the profession in its participation in the project.

In the last analysis, the Medical Society of the District of Columbia has approved the plan of Group Hospitalization, Inc., because it is convinced that it will *not* interfere with members' private patients, and that, by eliminating the hospital bill at the time of illness, it will make it possible for patients to pay their physicians.

The actual operation of the project is still too recent a thing to allow any genuine evaluation of it. Certainly in the coming months, however, not only the medical profession and hospital groups but the whole country will be watching with keen interest the workings of the Washington group hospitalization plan.

Whether a success or a failure ultimately, it is bound to exert an influence upon communities elsewhere that are contemplating similar experiments in providing medical and hospital care for the great majority with flattened pocketbooks—without making it necessary for them to seek charity.



REGULIN

RESTORES

INTESTINAL BALANCE

As a practicing physician, you no doubt have many cases of constipation. May we offer a suggestion based upon the experience of that well-known specialist, the late Professor Dr. Adolph Schmidt?

Here is what we have in mind. When you prescribe a laxative to quickly remove accumulated waste in the body, it is necessary to impress upon the patient's mind that this should be followed by a GENTLE regulator. You know and we know that laxatives must not be used regularly. Explain that to your patients and recommend REGULIN to give the intestinal tract tone and the feces the proper amount of moist bulk.

REGULIN, for thirty years, has been prescribed in even the most obstinate cases of constipation. It is made of the highest quality Agar Agar plus the correct amount of aqueous cascara for muscular tone. The patient finds the crisp brown flakes palatable even when used over a long period of time.

Your Druggist has REGULIN in 2 sizes; individual packages or hospital pound.

REINSCHILD CHEMICAL CO.

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FREE to DOCTORS

Samples of REGULIN with clinical report and color plates by Prof. Dr. Schmidt. Send coupon or letterhead.

Dr.

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Reduce Stomach Acidity By Colloidal Adsorption

THE new physico-chemical method of taking up acid excess is demonstrating its clinical advantages over the ordinary neutralization methods of treating stomach hyperacidity.

By colloidal adsorption, ALUCOL, an allotropic form of Hydroxide of Aluminum, takes up excess HCl, but leaves a sufficiency to permit continuance of peptic digestion.

And what is perhaps of equal importance — ALUCOL does not cause a secondary and more pronounced rise of acidity, which often follows the excessive use of alkalis in the stomach.

Give ALUCOL a trial. Convince yourself of its value. The coupon brings you a supply and full information with our compliments.



ALUCOL

(COLLOIDAL HYDROXIDE OF ALUMINUM)

THE WANDER COMPANY, Dept. M.E. 2
180 North Michigan Avenue, Chicago, Illinois

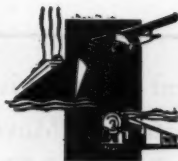
Please send me, without obligation, a container of ALUCOL for clinical test, with literature.

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Tours & Cruises



THE AMERICAN TRAVELER IN EUROPE: The idea of "doing Europe" as a member of some group on a regular escorted tour rather appalls some people. They would much prefer to travel through Europe at their own leisure and in accordance with their own whims, rather than to have to move on a strict schedule.

This booklet describing a system of independent travel at an inclusive price has been prepared for these people precisely. It outlines the ideal way in which to tour Europe. With its aid the traveler chooses his own sailing date, specifies the duration of his tour, the countries and cities he wishes to visit, how long he cares to stay at each place, and the standard of accommodation for which he expects to pay. Little of interest in Europe is overlooked in this attractive pamphlet, a copy of which will be promptly sent to you if you address your request to the American Express Travel Service (ME 2-34), 65 Broadway, New York, N. Y.

GOLDEN CARIBBEAN AND WEST INDIES CRUISES: On cold or on disagreeably damp, chilly days, the idea of a sojourn in the West Indies is indeed a pleasant thought. Few travel booklets which we have seen illustrate the possibilities of carrying out this same pleasant thought more attractively than does this one. Havana, Jamaica, Panama, Costa Rica, Colombia, Honduras—here the water is blue and the landscape is green and everything inviting and alluring. Write the United Fruit Co. (ME 2-34), Pier 3 North River, New York, N. Y.

GENEVA, SEAT OF THE LEAGUE OF NATIONS: We as a nation may not belong to the League, but since it is so constantly in the news we can not fail to be interested in it and in the beautiful Swiss city in which its headquarters are located. But even if Geneva were not the assembling place for spokesmen of the nations, it would still be well worth visiting, as this booklet, which is furnished with an excellent map of the city, points out. Write the Swiss Federal Railways (ME 2-34), 475 Fifth Ave., New York, N. Y., for your copy.

SKANE, THE CHATEAU COUNTRY OF SWEDEN: Southernmost province of Sweden, typically a land of green ridges and wide fertile fields, faced on

three sides by the sea, Skane according to this folder, offers the tourist many attractions, particularly if he has an interest in ancient castles, magnificent examples of old church architecture, present-day peasant arts, and the like. On one side this folder presents a typical tourist guide of the points of interest at the various cities and towns of Skane; the other side presents a colorful illuminated map of the province. Write the Swedish Travel Information Bureau (ME 2-34), 551 Fifth Ave., New York, N. Y.

THREE CABIN CLASS LINERS: Here is an attractive booklet which conveys some idea of the splendor of a trio of truly modern liners, the *Champlain*, the *Lafayette*, and the *De Grasse*. Besides detailing the luxury, the technical superiority, and so on of the ships themselves, the book suggests the peculiar advantages of traveling on ships which are truly, thanks to the atmosphere which pervades them, "bits of France afloat." For your copy of this booklet send a postcard or letter to the French Line (ME 2-34), 19 State St., New York, N. Y.

HOW TO SEE MEXICO: To see Mexico, of course, you must see Mexico City. And whether you prefer to travel there by rail, by steamer, or by air, this interesting, well-illustrated booklet will tell you not only how to go but how long it will take you. It gives you also an excellent preview, so to speak, of the fascinating sights and experiences awaiting you in the capital of Old Mexico. Thorough-going tours include not only the high spots of Mexico City but a considerable number of outlying attractions. For your copy of this booklet which, through word and pictures speaks so alluringly of the floating gardens of Xochimilco, of the Toltec ruins at Teotihuacan, of the ancient Indian town of Taxco, of the beautiful mountain town of Orizaba, and of many other romantic-sounding places, write to Thos. Cook & Son (ME 2-34), 537 Fifth Ave., New York, N. Y.

PAN AMERICAN MEDICAL ASSOCIATION CRUISE: There is an announcement folder on this cruise with a letter to doctors from Dr. Joseph J. Eller, Executive Secretary of the Association. This Fifth Scientific Congress will be held in the form of a 16-day "Floating

What A Recent Comparative Investigation Disclosed!

More Satisfying Movement—No Leakage

with KONDREMUL

(Chondrus Emulsion)

Patterson, R. L. and Jones, C. M. in The New England Journal of Medicine, 12/21/33, describe their painstaking and scientific investigation of various mineral oil preparations in the corrective treatment of constipation.

To determine which product gave best results both as to production of soft bulk and avoidance of leakage, each stool was examined individually for leakage of oil and microscopically for the purpose of measuring the distribution and actual size of the droplets.

The authors state: "No patient receiving a mixture of Irish Moss and oil showed any leakage as determined by the separation test described above."

Here are their conclusions: "1. From the above results, it would

seem proper to conclude that gross leakage of oil is less likely to occur from the use of an oily emulsion of paraffin oil and Irish moss than from a similar emulsion of paraffin oil and agar-agar. Both preparations show less tendency to leakage than paraffin oil when used alone. 2. This decreased tendency to leakage is associated with a greater uniformity in the size of the oil globules and with a smaller actual diameter of the individual droplets."

Kondremul offers an Irish Moss-Mineral Oil emulsion—Irish Moss is superior to the ordinary types of emulsifying agent—forms a tougher film around each oil globule—gives better penetration—does not break down in the alimentary tract—does not tend to leak.

The E. L. Patch Company

Boston, Mass.

THE E. L. PATCH CO.,
Stoneham 80, Dept. M.E. 2,
Boston, Mass.

Gentlemen: Please send me clinical test sample of

- ☐ KONDREMUL (Plain)
☐ KONDREMUL (with Phenolphthalein)
Mark preference

Dr. _____

Address _____

City _____ State _____

NOTE: Physicians in Canada should mail coupon direct to Charles E. Frosst & Co., Box 808, Montreal, producers and distributors of Kondremul in Canada.

Congress" to Latin American countries: Havana, Panama, Cartagena, Puerto Cabello and the Andes, Caracas, (Luncheon Reception by President Gomez of Venezuela), La Guira and San Juan. The cruise sails from New York on March 14, 1934 on the specially-chartered SS-PENNSYLVANIA, a splendid cruise ship 613 feet long, and electrically equipped throughout. This is a fine opportunity for combining a "getting away" trip with an important scientific program. For literature and information, write Dr. Eller (ME 2-34), 745 Fifth Ave., New York, N. Y.

SEVEN AND ONE HALF DAYS TO U.S.S.R.: Now that Washington and Moscow are on good terms again, the interest of Americans in things Russian is noticeably on the increase. Tourist traffic to the land where the world's greatest experiment in socialist government is under way is growing rapidly. If one of these days, dissatisfied with second-hand accounts of what is actually going on in the Union of Soviet Socialist Republics, you decide to go and see for yourself, or if you now even remotely contemplate such a prospect, we suggest you write to North German Lloyd (ME 2-34), 57 Broadway, New York, N. Y., for this leaflet giving the sailing schedules on "the fastest way to Soviet Russia."

LAND CRUISES IN ENGLAND: The Great Western Railway of England (ME 2-34), 65 Broadway, New York, N. Y., has prepared mimeographed copies of the itinerary of a variety of tours throughout England. All start from London, and occupy from six to thirteen days.

When Washington Paid the Doctor's Bill

[Continued from page 29]

of the legitimate medical practitioner was much improved. Hospitals and medical schools were established and the care of the people's health was not, as formerly, almost entirely in the hands of apothecaries, barber surgeons, and quacks.

The degree of M.D. commanded increased respect. The physi-



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Splendor of evenings at sea . . . far-off ports! To cruise Cunard is to enhance these contrasts . . . by a background luxurious and smoothly served. Set aside such an interlude for yourself, this winter . . . a week or two or four of the suave living that Cunard management means.

AQUITANIA to Egypt and the Mediterranean. 33 days, sailing from N. Y. Mar. 7, to 10 alluring ports. \$495 up First Class; \$265 up Tourist.

CUNARD LINE, 25 Broadway, N. Y.
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MAURETANIA to the West Indies and South America. 12 days . . . to 5 foreign ports . . . from N. Y. Feb. 24, Mar. 10 and 24, Apr. 7. \$170 up, First Class.

No passports needed for West Indies.

Your local agent or 25 Broadway, N. Y.

CUNARD

Sunshine Cruises



If *efficiency* is your first demand of a therapeutic preparation, you will decide on AGAROL for the treatment of constipation.

If *dependability* determines your preference for a therapeutic measure in the treatment of constipation, AGAROL will be your choice.

Because your patient must have *palatability*, freedom from oiliness and artificial flavoring, you will find in AGAROL the preparation your patient prefers.

Agarol is the original mineral oil and agar-agar emulsion with phenolphthalein.

Liberal trial supply gladly sent to physicians.

AGAROL — *for constipation*

WILLIAM R. WARNER & CO., INC., 113 West 18th St., New York City

cian came to occupy an important place in every community.

The conditions of medical practice during the Colonial days differed considerably among the various colonies. In the New England States, for instance, the colonists cultivated small farms and lived for the most part in villages. The doctor could get about in the town on foot; but if he had to go a distance into the back country he might use a chaise.

Virginia and Maryland, on the contrary, were colonies of large landed estates and extensive plantations. The doctor rode from place to place on horseback, carrying his saddle bag filled with medicine. Or, if the patient happened to be accessible by a post road or highway, he might drive in his more or less pretentious coach or chariot.

However, north or south, the practitioner of early days was often compelled to travel great

distances over rough, uncharted, frequently dangerous routes.

Physicians then had to know how to compound their own medicines, for there were no pharmacies to which they could send the patient to get a prescription filled. This was not altogether a disadvantage.

At least they could be sure that no substitutes were put over on them, and they were not diverting a good part of the patient's money to competitors who prescribed over the counter and dealt in all kinds of quack medicines.

It was not considered unethical in those days to maintain secrecy as to your prescriptions. Large practices in America as well as England were sometimes built upon the reputation of a secret formula.

The charge for visits differed, of course, as it does today; but it averaged in the neighborhood of six or seven shillings. A bill sent out in 1743 by Dr. Ichabod Bur-

ERGOAPIOL (SMITH)



Amenorrhea - Dysmenorrhea Menorrhagia - Menopause

Today, as for years, Ergoapiol (Smith) is the accepted medicament in combating those menstrual anomalies which may be traced to constitutional disturbances, atonicity of the reproductive organs, inflammatory conditions of the uterus or its appendages, mental emotion or exposure to the elements.

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No discoloration to the teeth. No digestive upsets. Tamate-Merrell "steps up" the blood picture in secondary anemias, and restores the color index more quickly than iron alone or with copper.

*Rider, T. H.: J. Biol. Chem. 100:243-248 (1933)

Salicylization

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Side-Effects

In rheumatism, influenza and associated conditions, complete salicylization may now be accomplished with a maximum of effectiveness and tolerance.

Alycin, combining *natural* salicylates with a balanced alkali, is a carefully compounded formula which can be prescribed in the large doses necessary for salicylization.

The ready acceptance of Alycin by the patient and the freedom from gastric disturbances or side-effects, do not in any way detract from the therapeutic effect of the pure, natural salicylates.

THE WM. S. MERRELL COMPANY

CINCINNATI, U. S. A.

nett, a graduate of Edinburgh, practicing in Southampton, shows visits charged at seven shillings. Dr. John Sheppard, of Norfolk, sometimes charged ten shillings. Dr. William Cabell, of Albemarle, is said to have charged as high as five pounds.

Whatever the charge, as in our own day, apparently they seldom got it promptly, and often not at all. It was never customary for physicians to collect at the time services were rendered; and many of them, at least in Maryland and Virginia, sent out bills only once a year.

On his return to Philadelphia, after graduating from the University of Edinburgh, Dr. Morgan resolved that he would introduce a reform in this matter. He therefore let it be known that his charge regularly for first consultations would be one pistole, and for each succeeding visit one dollar; and that this was to be paid at once and not later.

"A retaining fee," he said later, "I expect to receive from the rich, not the poor, and had firmly resolved not to receive more fees than sufficient to pay me for the value of my services and the trouble of attendance."

We incline to believe that what physicians there were in Colonial days must have been kept inordinately busy. The population was rapidly expanding, not only by the constant arrival of immigrants, but by the prevalent high birth rate.

Families of ten or twelve were the rule; nor was it uncommon to see it extend to eighteen or twenty. Girls were married at an age that would not be countenanced today, that is, fifteen or sixteen years. And infant mortality, owing to the ignorance of health laws, was extremely high.

Among people without even a suspicion of the relationship of disease to the invisible world of bacteria, contagion naturally spread like wildfire, and devastat-



RICH RED BLOOD

or blood richness, is the main desideratum in many cases—richness of the circulating fluid in those important basic elements of vitality—hemoglobin and oxygen.

GUDE'S PEPTO-MANGAN

infuses this desirable richness in cases where indicated, by furnishing necessary hemoglobin-carrying element—iron and manganese with copper—in a form for almost immediate absorption. Repeated "blood counts" as well as clinical experience go to prove this statement.

Literature, samples and further information on receipt of professional card.



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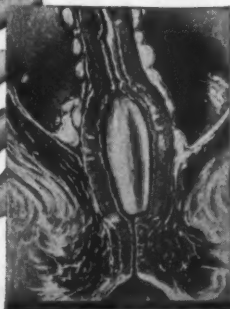
THE ready acceptance of WYANOIDS has been due to their effectiveness.

The rapid relief of hemorrhoidal pain, control of bleeding and promotion of healing gives great satisfaction to patients.

The improved torpedo shape is easily inserted and readily retained—the formula quickly relieves pain and bleeding—the base melts evenly, liberating the therapeutic ingredients over a prolonged period—the result being an efficient and safe hemorrhoidal suppository.

WYANOIDS are packed
12 in a box.

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Philadelphia, Pa. and Walkerville, Ont.



ing epidemics were constantly taking a gruesome toll. The importance of drainage and water purification was not yet understood; sanitation was neglected; and quarantines were but imperfectly practiced.

We must, however, give the Colonial doctors credit for early taking steps to organize themselves in the interests of the profession. Results are seen in legislation passed by the Virginia Assembly in 1736, namely an "Act regulating fees and accounts of the practitioners of physic," in which it was resolved that:

No practitioner in physic shall recover for visiting any sick person more than the rates hereafter mentioned, that is to say:

Surgeons and apothecaries who have served an apprenticeship to those trades shall be allowed: For every visit or prescription in town or within four miles, five shillings; for every mile above five and under ten, one shilling; for every visit of ten miles, ten shillings.

But those persons who have studied physic in any university and taken

any degree therein shall be allowed for every visit and prescription in town or within five miles, ten shillings. If above five miles, for every mile under ten, one shilling. For a visit above ten miles, one pound.

The medical men must have been well organized in New Jersey by 1766. For in that year a committee was appointed which made still more comprehensive recommendations on the subject of fees, including a schedule of prices that included every possible kind of medical service, along with a full price list of the plasters, ointments, pills, tinctures, and mixtures dispensed by the physician.

We note there that the specified charge for an amputation of an arm or leg was three pounds; for extirpation of the tonsils or of a polyp, one pound; for delivering a woman in a natural case, one pound ten; in a preternatural case, three pounds.

Granted that since the days of Washington methods of medical



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practice have undergone a radical change, we find that in the matter of remuneration for services, the basic problems involved then were surprisingly similar to those we encounter today.

Crossroads In Medicine

[Continued from page 19]

ford the cost of illness if he would take the precaution to anticipate it. He probably cannot ever be persuaded to budget a small amount each month and establish a special savings account for such a purpose, but he might be educated to provide a health insurance policy on the same basis that he arranges for life insurance.

In addition to the usual type of health policy, the insurance companies might find it to their advantage to offer a blanket policy for all the members of a family, providing for serious illness and surgical operations only. In contradistinction to the compulsory schemes, such insurance would in no wise interfere with the employment of the family physician, consultation with a specialist, or the selection of a hospital. It simply would furnish the funds in the emergency when they are needed.

Hospitals have been increasing six times as fast as the population. During the last decade the hospital beds per thousand of population have almost doubled.

Various hospitals throughout the country are now offering plans for the prepayment or periodic payment of the costs of hospital care, group hospitalization, and other devices for a hospital insurance program. These principles have been promulgated chiefly by hospital administrators,



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For dispensing or prescribing. Put up 500 tablets in container and 100 tablets in bottle.



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—for inflammation of mucous membranes, particularly of the urinary tract—another Plessner product.

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M.D.

ME-2-34

in an effort to stabilize or stimulate hospital income.

Most of the proposed arrangements are not inimical to the medical profession in open hospitals, but if closed-staff institutions advertise the details to the public and circularize neighborhood residents indiscriminately, as some have done, or employ unethical methods of solicitation, the diversion of the patients of outside physicians to the hospital staff members is inevitable. On the other hand, all the hospitals in a community must agree upon the same plan to avoid disastrous competition.

Most of these contemplated schemes have one significant feature in common. *They provide for the payment in cash for hospital facilities furnished, but are strangely silent regarding the prompt payment of the physician.* Under the guise of affording him an opportunity to make inde-

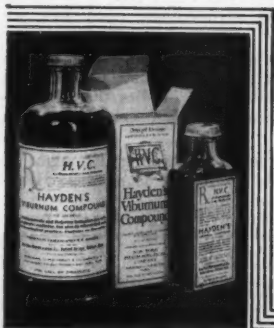
pendent financial arrangements for his professional services, any specific provision for the cash payment of his fee is omitted.

The hospitals expect and have had the sympathetic cooperation of the medical fraternity in solving their financial difficulties. It is about time that they in turn manifested a disposition to provide equitable compensation for the professional services rendered by the doctors.

The most pernicious influence which has affected the practice of medicine in recent years is misguided public and private philanthropy.

The medical profession is grateful to those liberal contributors who have placed large funds at its disposal for the benefit of properly controlled research, education, and charity. But wealth is no criterion of good judgment or honesty of purpose; and all philanthropists do not seek the

There is no substitute for Integrity

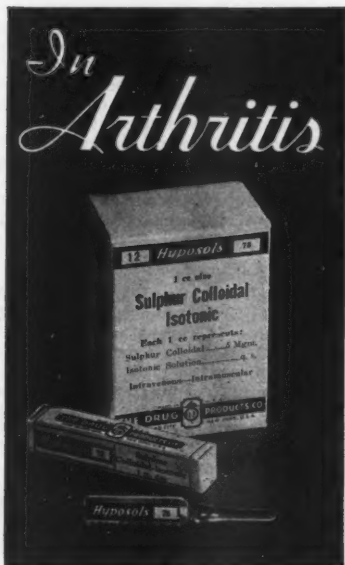


WHATEVER legislation may prove necessary in the public interest, from a professional point of view, nothing can take the place of strict adherence to the highest pharmaceutical and ethical standards in the preparation and distribution of an antispasmodic and sedative which is preferred for prompt relief by successful physicians. When writing prescriptions it pays to specify genuine HVC.

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...Sulphur Colloidal Isotonic (The Drug Products Co., Inc.) is the one that can be used intravenously and intramuscularly with safety.

The best results have been by the intravenous route. Unlike ordinary sulphur suspension it is practically painless to inject, producing no immediate violent reactions. Neither does it produce malaise or pyrexia. The action is by oxidation and reduction. Certain dermatologic conditions are favorably benefited.

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advice of unselfish physicians who have a correct perspective of medical economics.

A myriad of schemes of dubious value for the socialization of medicine have been sponsored and financed by groups of volunteer uplifters, not always without a thought of personal gain, despite their avowed purposes.

Another insidious influence has been the encroachment of the Government upon the field of private medical practice.

Millions of the taxpayers money have been expended on government hospitals, which surpass in size and magnificence most of the private institutions, and which even the politicians are finding difficult in filling with free patients.

In 1909 there were 71 Federal hospitals with a bed capacity of 8,827; in 1932 there were 301 with 74,151 beds and 461 bassinets. Many of them have been geographically located without any apparent regard for the present or future needs of the population.

Further extension of federal hospitalization is ridiculous, and all free medical care for non-service disability should be stopped. Medical service at government expense should be limited to casualties of war, the personnel of the army and navy on active duty, and aged governmental pensioners.

The hospital census of the United States, completed in February, 1933, shows a decided shift of patronage from privately controlled hospitals to those supported by taxation. There are 1,804 government owned hospitals with 679,367 beds and 7,660 bassinets. Although 2,049,533 patients were admitted in 1932, 69,199 beds in these federal, state and municipal government hospitals were unoccupied.

These figures indicate the tremendous burden upon the taxpayer on the other hand, and the



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SANTRO is transparent and hygienic. It's made of purest rubber—its shaped to prevent colic. Made in U. S. A. by Julius Schmid, Inc., N. Y. C.

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SMITH BROTHERS COUGH SYRUP

(10,000 A. D. M. A. units per 3 oz. bottle)

S MITH BROTHERS Cough Syrup contains no opiates, no narcotics, and nothing injurious or likely to upset the stomach. The Primary Vitamin A used is extracted from vegetables, not from fish livers; is palatable and has no bad after-taste.

Smith Brothers add Primary Vitamin A, as biologically-tested carotene in oil, to their Cough Syrup. It is the only cough syrup containing Primary Vitamin A.

Consequently, Smith Brothers Cough Syrup in addition to efficient action in soothing irritation, loosening phlegm, and

clearing air passages, may now be expected to help in the recovery of individuals suffering from respiratory infections such as coughs and colds.

When a cough syrup is indicated, we suggest that you try Smith Brothers because it gives prompt relief and because it contains Primary Vitamin A, which helps the individual fight infection and resist re-infection.

Interested physicians are invited to write for information and complimentary literature about Primary Vitamin A to Smith Brothers, Inc., Poughkeepsie, N. Y.

waste of public funds on the other.

Too many indigent patients are unnecessarily hospitalized. Extension of medical care in the patient's home would relieve overcrowding in hospitals, and it would cost less to pay the family physician a modest fee than it does to maintain the patient in a charitable institution.

The entire country is over-hospitalized, and both state and municipal, as well as private enterprises have been on a building splurge, erecting medical emporia so elaborately equipped that they are economically unsound.

Some dispensaries and pay clinics advertise to the public and openly solicit patients because a large business is necessary to justify their existence.

In 1921 there were 678 hospital out-patient departments, re-

ceiving 9,522,123 visits. In 1932 there were 2,269 such clinics, with 28,958,213 visits, an increase of approximately 300 percent in 11 years.

Free dispensaries should be available solely to the actually indigent, and violations of the dispensaries laws should be prosecuted.

The existing statutes have apparently failed in their purpose. It is quite evident that the implied threat of a fine for a technical misdemeanor has not been a deterrent to dispensary abuses.

I do not know of a single instance of arrest, trial, and conviction for their violation, although they are transgressed many times daily. Perhaps local ordinances, vigorously enforced, might prove more efficacious.

Moderate admission fees of 25 or 50 cents are justified in dispensaries attached to privately operated hospitals, provided that such admissions are restricted to

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single individuals with an income of not more than \$900 per year, or married persons with an annual income of not more than \$1,400, with an additional allowance of \$250 for each dependent.

At the same time, these institutions should be held to account for the proper selection of deserving patients, and should take every precaution to discourage self-pauperization. They all can arbitrarily establish, as some have done, fair upper limits of eligibility for out-patients and ward patients, and every applicant for admission to a dispensary or ward should be required to sign an affidavit regarding his or her financial status and family income.

In any case in which the affidavit misrepresents the patient's resources, the hospital should have the right to make an additional charge, and the attending physician should be legally empowered to collect the value of his professional services from the patient or responsible relative. Such bills would be legitimate, and sustainable in a court of law with comparatively few legislative modifications.

It is certain that at least some individuals would hesitate to make a false affidavit, and legal provisions enabling the hospital and physician to enforce the payment of reasonable fees might impel the institutional authorities to scrutinize the applicants for medical charity more closely.

The Philadelphia County Medical Society has well said, "no hospital is operated efficiently or economically if it fails to provide adequate machinery to prevent the diversion of its funds to the service of undeserving patients."

In most instances every hospital and clinic employee *except the doctor* is paid for the care of dispensary and ward patients. Yet there is no reason why the

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The use of Cystogen in Cystitis and Pyelitis has become the recognized treatment of a large number of the American Genito-Urinary Specialists. It impregnates the urine with formaldehyde; washes the Genito-Urinary tract from the glomerulus of the kidney to the meatus urinaris with the germicidal solution. Its influence will be seen in the rapidity with which it neutralizes ammonia, destroys putridity, and clears the urine of the tenacious mucus so prevalent in bladder troubles of the aged.

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Records show that it is their favorite.

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medical profession should defray part of the bill for the illness of those who contribute to an institution's maintenance, irrespective of how small their payment may be.

The responsibility for the semi-indigent and pseudo-indigent should be assigned to society at large. The real medical charity should be called charity and not disguised by other misleading captions.

Notwithstanding persistent efforts, little action has yet been taken to provide for the payment of physicians who treat injured workmen in municipal hospitals. The workmen's compensation laws were never drafted with the intent that insured employees should be treated on the same basis as paupers, nor that cities should appropriate to themselves moneys paid by the insurance companies for professional services.

Pay clinics charging \$1.50 or

more, when furnishing anything more than diagnostic procedures, are unfairly competing with private practitioners and should not be tolerated. The impression that they render better service than the dispensaries of other large hospitals is unwarranted.

Some of these clinics have been organized ostensibly to provide diagnostic service for people of moderate means, but have sooner or later proven to be engaged in prescribing and carrying out treatment. To plead the necessity for compensating for an extravagant overhead is a specious argument for their operation.

The profession has been accused of over emphasizing specialization. This must be admitted. It has been due mainly to two factors:

First, the fundamental law of supply and demand, because of

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LITERATURE ON REQUEST

•
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•



the idea of the layman that if he consults a specialist, he will have the benefit of superior medical service;

Secondly, the disproportionate number of teaching hours devoted to the specialties by the undergraduate schools.

Too much of the money donated to medical education has been devoted to pure science, instead of to the production of doctors better qualified to treat sick people. Research and highly technical procedures can be credited with the tremendous advancement that medicine has made, but they have little place in the undergraduate curriculum.

The public is just beginning to display an interest in the qualifications the specialist possesses, to question his authority for so classifying himself, and to expect the medical profession to safeguard it from the practices of inexperienced, self-styled specialists.

The man in the street is beginning to realize that 80 per cent of ailments can be satisfactorily diagnosed and treated by a well-trained general practitioner. The profession itself is taking steps to determine the qualifications of specialists by the establishment and functioning of national specialty examining boards. And the medical schools are manifesting a disposition to defer teaching in a specialty to the postgraduate phase of medical training.

[Turn the page]

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cases which utterly fail to respond to
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26 days later
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Case was under the continual observation of
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Even at the present time it is unnecessary to lament the passing of the family physician, as recent statistics indicate that 56 per cent of physicians acknowledge that they are doing general practice, 23 per cent claim to be specialists, and the remaining 21 per cent classify themselves as partial specialists.

It is always to the patient's advantage to select his own physician; and the best medical center for the average citizen is his family doctor's office.

It is much more important for the physician to know all about his patient than it is for him to be an expert in the diagnosis and treatment of every disease. A competent general practitioner with an incorruptible conscience is the best doctor anyone can choose for most illnesses.

If he will but make himself the central figure in the healing art,

educate his patients up to periodic health examinations and preventive medicine, act as health counsellor to the community, discontinue referring patients to surgeons and specialists who forget to return them, and keep abreast of the times by stimulating postgraduate contacts, he will do much to lessen the economic strain and maintain his prestige.

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Sterilizing Technique*

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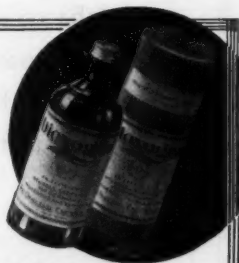
Be Sure it's Dioxogen

THERE is a reason for specifying Dioxogen. Dioxogen is the only oxygen-antiseptic with a 50% margin in favor of your patient.

(1) Dioxogen is 20% stronger than other peroxide antiseptics, 20% stronger than required by U.S.P. specifications.

(2) Dioxogen is four times purer than required by U.S.P. specifications as measured by permissible solids.

(3) The package itself is 25% larger than the average bottle and besides, Doctor, just try it clinically and compare. Two cases will convince you that it is worth while specifying Dioxogen.



There is only one

Dioxogen

the better oxygen-antiseptic in the green package. It is, better because more uniform, stronger than U. S. P. requirements and more stable. It is economical because of the greater strength and larger bottle. Specify Dioxogen.

THE OAKLAND CHEMICAL CO.

59 Fourth Avenue

New York, N. Y.

TOBACCO plus MENTHOL equals...WHAT?

Menthol in cigarettes is entirely different from menthol in sprays or salves. It has a refrigerating action on the **smoke**... and not on the membranes of the mouth and throat... because it vaporizes **in the cigarette**, and enters the system as a perfect gas.

Thus, in the case of Spud cigarettes, tobacco plus menthol equals nothing more nor less than **cooler smoke**. And we have never made claims beyond that in our advertising.

SPUD

MENTHOL-COOLED CIGARETTES
20 FOR 15c. . 125c IN CANADA

THE AXTON-FISHER TOBACCO CO., INC., LOUISVILLE, KY.

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Knox Gelatine Co., Chas.	Back Cover		

CREAM of NUJOL

No medication of any kind in this palatable emulsion of Nujol, produced in response to physicians' requests. Its action is entirely mechanical. When you prescribe this lubri-

cation therapy for intestinal stasis, you can be sure of its uniformity and effectiveness. Its ingredients exceed U. S. P. requirements. Samples to physicians on request.

STANCO INCORPORATED, 2 Park Avenue, New York City

IF SHE IS YOUR PATIENT

● Frequently enough the occasion arises in which, to avert serious or even tragic consequences, you find it necessary to prescribe a method of Vaginal Hygiene.

Is it not agreeable to reflect that the procedure you recommend has been reported as entirely efficacious in every instance? Not only does this justify the confidence of the patient, but it permits you to prescribe for all such cases with a mind at rest.

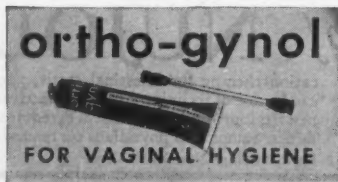
In Ortho-Gynol you have a method which for years hundreds of thousands of women have been employing, under their physicians' direction, with gratifying results. Ortho-Gynol combines a mechanical barrier with an antiseptic agent—thus affording twofold resistance to extraneous secretions. The tenacious gum base remains where spread and resists solution for several hours. The antiseptic ingredients are entirely adequate, and are additionally useful in the local treatment of Vaginitis, Leukorrhea, and Endocervicitis.

Years of laboratory research, clinical experiments and hospital tests preceded Ortho-Gynol's introduction to the medical profession, so that you might prescribe its



use with the definite proof of its dependability behind you.

If you have not already been supplied, we will gladly send you a full-size tube of Ortho-Gynol with unbreakable transparent applicator (actual value \$1.50), and a physicians' booklet describing its composition, effect and application.



Johnson & Johnson

11-2

New Brunswick, N. J.

I am a practicing physician. I have not received a package of Ortho-Gynol and descriptive booklet. Please send them.

Dr. _____

No request honored except from the profession

**“ALKALOL clears and
soothes nasal passages...
is excellent in the treat-
ment of common colds”**

Statements like these have come from physicians and specialists for more than 30 years. They are not created in an advertising department. They are the result of merit proved in daily practice.

Many so-called germ-killing antiseptics often irritate, excite and cause depletion of the cells. ALKALOL, owing to its physiologic balance, *feeds and stimulates* the cells through absorption thereby building resistance to infection.

ALKALOL is a pleasant-to-use, soothing, non-irritating pus and mucus solvent that stimulates healing as it cleans. Physicians have found it particularly efficacious in treating eye, ear, nose, throat, bladder, vagina, rectum, and various irritated or inflammatory conditions.

A card bearing your name and address will bring a sample of ALKALOL in the new eye dropper bottle.

The ALKALOL CO.
TAUNTON, MASS.



*In the service of the Medical,
Dental and Nursing Profes-
sions for more than 30 years.*

R for the doctor
X --- a new kind of



Doctor, we have been telling you the dietetic uses of Knox Gelatine in your practice... But have you ever thought about it in your everyday life? Here's a pie made with Knox we are sure you will think is delicious. What is more, it is healthful. Mrs. Doctor will thank you mightily for tearing this page off and bringing it to her. She will want to send the coupon for more Knox Gelatine recipes. And knowing that Knox is a U.S.P. product you will like it at your table just as much as you feel free to prescribe it to patients.



ORANGE CHIFFON PIE

(1-9" Pie—uses only $\frac{1}{4}$ package)

- 1 envelope Knox Sparkling Gelatine
- $\frac{1}{4}$ cup cold water
- $\frac{1}{2}$ cup orange juice
- $\frac{1}{2}$ teaspoonful salt
- 4 eggs
- 1 cup sugar
- 1 tablespoonful lemon juice
- 1 tablespoonful grated orange rind

Add one-half cup sugar, orange juice, lemon juice, and salt to beaten egg yolks and cook over boiling water until of custard consistency. Pour cold water in bowl and sprinkle gelatine on top of water. Add to hot custard and stir until dissolved. Add grated orange rind. Cool. When mixture begins to thicken, fold in stiffly beaten egg whites to which the other one-half cup sugar has been added. Fill baked pie shell and chill. Just before serving, spread over pie a thin layer of whipped cream.

KNOX is the
real Gelatine

KNOX GELATINE,
448 Knox Ave., Johnstown, N. Y.

Please send me FREE the new Knox Kitchen Library: "Desserts, Salads, Candies and Frozen Dishes", and "Food Economy".

Name.....

Address.....

